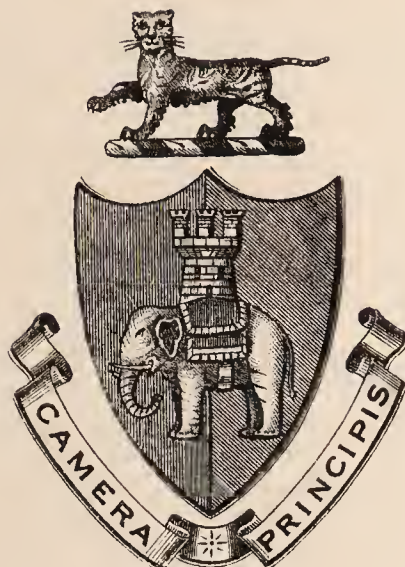


CITY OF COVENTRY.



Annual Report

.. ON ..

The Health of the City

.. BY ..

E. H. SNELL, M.D., B.Sc. Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow, and Member of the Council, of the Royal Institute of Public Health; Fellow of the Royal Sanitary Institute; Past-President of the Midland Branch of the Incorporated Society of Medical Officers of Health; Member of the Royal College of Surgeons, the Royal Society of Medicine, and the Medico-Legal Society

1907.

Coventry:

CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

SANITARY COMMITTEE.

THE MAYOR (MR. ALDERMAN WILLIAM LEE, J.P.), *Chairman.*

MR. ALDERMAN J. B. LOUDON, J.P., *Vice-Chairman.*

MR. ALDERMAN WEBB FOWLER, M.D., F.R.C.S., (ED.), J.P.

MR. COUNCILLOR J. BAUSOR.

MR. COUNCILLOR C. H. ERRINGTON, J.P.

MR. COUNCILLOR E. COLLEDGE.

MR. COUNCILLOR W. HEWITT.

MR. COUNCILLOR J. SLAUGHTER.

MR. COUNCILLOR F. SNAPE.

MR. COUNCILLOR T. A. B. SODEN, M.R.C.S.

MR. COUNCILLOR J. THOMSON.

TUESDAY—FIXED MEETINGS.

7 Jan., 1908.	17 March.	26 May.	15 Sept.
21 Jan.	31 March.	23 June.	29 Sept.
4 Feb.	14 April.	7 July.	13 Oct.
18 Feb.	28 April.	21 July.	27 Oct.
3 Mar.	12 May.	1 Sept.	

AT 12 O'CLOCK NOON.

SANITARY STAFF.

Public Analyst -	-	-	A. BOSTOCK HILL, M.D., D.P.H.
Veterinary Inspector -	-	-	WILLIAM DALE, M.R.C.V.S.
Inspector of Nuisances	-	-	W. H. CLARKE, Cert. R. San. Inst.
Assistants -	-	-	{ J. H. DRURY, Cert. R. San. Inst.
			{ W. MARTIN, Cert. R. San. Inst.
			{ W. T. BLAKE, Cert. R. San. Inst.
			{ A. J. JENNER, Cert. R. San. Inst.
Health Visitor -	-	-	Miss M. STROVER, Cert. R. San. Inst.
Clerk -	-	-	T. F. MARSDEN.
Assistant Clerk -	-	-	W. STORER.
Supt. of Disinfecting Dept.	-	-	THOMAS PREEDY.
Medical Officer of Health -	-	-	E. H. SNELL, M.D., D.P.H.

CITY HOSPITAL SUB-COMMITTEE.

(THE MAYOR) MR. ALDERMAN W. LEE, J.P., *Chairman.*

MR. ALDERMAN J. B. LOUDON, J.P., *Vice-Chairman.*

MR. ALDERMAN WEBB FOWLER,	MR. COUNCILLOR J. SLAUGHTER.
M.D, F.R.C.S. (ED.), J.P.	„ „ T. A. B. SODEN,
MR. COUNCILLOR E. COLLEDGE.	M.R.C.S.
„ „ W. HEWITT.	

FIXED MEETINGS—EVERY FOURTH MONDAY.

Being in each case the day preceding a meeting of the Sanitary Committee.

AT 3 P.M., AT THE CITY HOSPITAL.

CITY HOSPITAL OFFICERS.

Matron	- - - - -	MISS M. DAVIDSON.
Medical Superintendent	- -	E. H. SNELL, M.D.

EXECUTIVE SUB-COMMITTEE.

(Under the Diseases of Animals Acts, 1894 and 1896, and Orders of Board of Agriculture thereunder.)

MR. ALDERMAN LEE, J.P.	MR. COUNCILLOR HEWITT.
„ „ LOUDON, J.P.	„ „ SNAPE.
„ COUNCILLOR BAUSOR.	„ „ THOMSON.

MEETINGS WHEN NECESSARY.

ABATTOIR SUB-COMMITTEE.

MR. ALDERMAN W. LEE, J.P.	MR. COUNCILLOR F. SNAPE.
MR. COUNCILLOR J. BAUSOR.	„ „ T. A. B. SODEN.
„ „ E. COLLEDGE.	„ „ J. THOMSON.

COMMON LODGING HOUSE SUB-COMMITTEE.

MR. ALDERMAN W. LEE, J.P.	MR. COUN. E. COLLEDGE.
„ „ J. B. LOUDON, J.P.	„ „ C. H. ERRINGTON, J.P.

By the order of the Local Government Board, dated March 23, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall “make an Annual Report to the
“Sanitary Authority, up to the end of December in each
“year, comprising a summary of the action taken, or which
“he has advised the Sanitary Authority to take, during the
“year for preventing the spread of disease, and an account
“of the sanitary state of his district generally at the end
“of the year. The report shall also contain an account of
“the inquiries which he has made as to conditions injurious
“to health existing in the District, and of the proceedings
“in which he has taken part or advised under any Statute,
“so far as such proceedings relate to those conditions; and
“also an account of the supervision exercised by him, or on
“his advice, for sanitary purposes over places and houses
“that the Sanitary Authority have power to regulate, with
“the nature and results of any proceedings which may have
“been so required and taken in respect of the same during
“the year. The report shall also record the action taken by
“him, or on his advice during the year, in regard to
“offensive trades, to dairies, cow-sheds, and milk shops,
“and to factories and workshops. The report shall also
“contain tabular statements (on Forms to be supplied by
“Us, or to the like effect), of the sickness and mortality
“within the District, classified according to diseases, ages,
“and localities.”

Under Sec. 132 of the “Factory and Workshop Act, 1901,” the Medical Officer is also required in his Annual Report to report specifically on the administration of the Factory Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.

CITY OF COVENTRY.

Thirty-third Annual Report OF THE MEDICAL OFFICER OF HEALTH.

To the Right Worshipful the Mayor, Aldermen,
and Councillors of the City of Coventry.

MR. MAYOR AND GENTLEMEN,

I have the honour of submitting to you the Thirty-third Annual Report—the eleventh that I have presented—concerning the vital statistics and general sanitary condition of your City.

The outstanding feature of the year—so far as the vital statistics are concerned—has been the diminution of the death rate. This has now reached 13.2 per 1,000 of the population, a lower figure than has ever been recorded in this City. Also the infantile death rate has been 102 per 1,000 births, the lowest figure that this rate has yet reached in Coventry, both rates being well below the average for the rest of the country generally, the average for the 76 big towns, that for the 142 smaller towns, and also that for rural England and Wales.

The immigration that has been taking place during the past few years has continued; this is indicated by the continued rapidity of the building operations, and the great demand that still exists for small houses.

This report is written on the lines of previous reports, and has been compressed so far as the various matters which have to be touched on allow.

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1907 have been as follows :—

Estimated population at the middle of the year, 87,000.

Birth Rate, 29.5. Average for previous 10 years, 29.2.

Marriage Rate, 18.3. Average for previous 10 years, 17.4.

Recorded Death Rate, 13.2. Average for previous 10 years, 16.0.

Infantile Death Rate, 102 per 1,000 births. Average for previous 10 years, 140.

Zymotic Death Rate, .83. Average for previous 10 years, 2.0.

Respiratory Death Rate (excluding Phthisis), 1.80.

Phthisis Death Rate, 1.24.

Death Rate from other forms of Tuberculosis, .48.

Physical Features of the City and District.

My Report for 1903 contained a brief description of the physical features of the district, kindly supplied me by Mr. Alderman Andrews, F.G.S.

"The Evolution of an Industrial Town."

In the "Economic Journal" for September last appeared an article under the above title, written by Mr. C. H. d' E. Leppington. This article consisted of a study of the social and industrial development of Coventry, and summarised the results of an investigation undertaken by Mr. d' E. Leppington last year. The article contained so much of interest, that I do not think it is here out of place to reproduce the following two extracts :—

"According to the general census, three-fifths of the tenements consist of five rooms and upwards, and only 4.77 of the population live under conditions of overcrowding, *i.e.*, with more than two inmates to a room. This proportion compares very favourably with Birmingham's 10 per cent. and London's 16.1 per cent. The amount of overcrowding is probably here somewhat understated, and the local investigation of last year showed that overcrowding prevailed amongst 5.3 per cent. of the inhabitants. Although the City is growing at the rate of 800 or 1,000 houses a year, builders of small house property

cannot keep pace with the demand. Numbers of workmen lodge in the town during the week, and return to their homes within a radius of twenty or thirty miles for Sundays. Such men would not figure in the general census returns, but only in those of the local investigation, which was held on a Wednesday on purpose to include cases of this kind. Some of the increase is thus accounted for.

“The town is surrounded on all sides except the north-east by an entirely rural environment of pleasantly wooded undulating country. On the north-east it gradually thins out into a semi-urban district surrounding the collieries of Bedworth, and stretching towards Nuneaton. This neighbourhood embraces much of the scenery of George Eliot’s earlier novels. Immediately on the southern outskirts lie stretches of open common land. The atmosphere is clearer than is usual in manufacturing centres, owing to the extensive use of gas engines in the factories, which produce little smoke.

“Thus the absence of flats and tenements, and apparently of the intenser forms of overcrowding, combined with ready accessibility to the open country and with uncontaminated air, all makes for wholesome environment and healthy life. On fine Sundays and early closing days, streams of cyclists of every class are to be met with in the roads and shady lanes leading out of the town.

“There is a debit side to the account, however. The picturesque and the antique too often exact a penalty. The centre of the City is composed of narrow lanes of houses, many of them of the timber-framed mediæval type, with projecting upper stories which shut out the sun’s rays from the lower rooms and even from the streets. Every here and there peeps out an old school or almshouse, such as Ford’s Hospital, or a bit of the ancient city wall. Round this mediæval core is a zone of dingy red brick streets dating from the late eighteenth and early nineteenth centuries, and designed according to the usual domestic architecture of that pre-sanitary and anti-æsthetic period. The large upstairs windows characterizing many of these houses are a survival from the golden age of the silk industry, when the looms were placed on the upper floor so as to obtain light for the weavers to work in, the dwelling rooms being underneath.

“A false economy has too often utilised the plots of ground behind these houses for erecting courts of from two or three to a dozen or more cottages, built back to back with no means of through ventilation. This description does not apply to all the courts, of which there still remain nearly three hundred, though several have been pulled down. A number are really small squares rather than courts. Many of these courts accommodate much the same class of respectable artisans as do the streets out of which they open, though others serve as a catch-all for the dregs of the population. Here and there rents are very high, exceeding three shillings a room. Generally speaking, however, rents for working-class dwellings average about one shilling and threepence a room. New five-roomed houses let at six shillings a

week and upwards. The Corporation is about to erect some houses of this type, and a few containing two flats each."

* * * * *

"The percentage of wives and widows in employment between the ages of 25 and 35 for Coventry is only 9·9. In Nottingham it is 21·2, and for Blackburn 53·5.

"The superabundance of a youthful element among the population, not a common feature in our older towns, no doubt lowers the death rate. The distribution of the population in age-groups appears in the following table:—

TABLE A.—DISTRIBUTION OF POPULATION ACCORDING TO AGES.

<i>Age-group.</i>	<i>Per thousand of population of</i>			
	<i>England and Wales.</i>		<i>Coventry.</i>	
Under 5	..	114·2	..	122
5 to 10	..	107·2	..	106
10 „ 15	..	102·7	..	98·7
15 „ 20	..	99·7	..	100·9
20 „ 25	..	95·9	..	99·4
25 „ 35	..	161·5	..	190·9
35 „ 45	..	122·8	..	119·9
45 „ 55	..	89·2	..	82·2
55 „ 65	..	59·7	..	54·4
65 „ 75	..	33·0	..	32·6
75 „ 85	..	12·0	..	12·1
85 and upwards	..	1·5	..	1·4

"Only 51·59 per cent. are females. This proportion is less than that for the whole Kingdom, or for many of our large towns, including Birmingham, which Coventry in some respects resembles. The causes are no doubt the absence of any large wealthy residential class, and the growth of metal trades which afford little scope for women's labour.

"That Coventry is a city of artizans and the smaller middle class is indicated by several symptoms besides the appearance of the streets, thronged with sudden swarms of factory hands as the dinner hour booms from the clock tower. First, there is the paucity of female domestic servants. The proportion which this useful class bears to a community offers a fairly good index to the standard of comfort attained in that community. In Hampstead there are eighty to every hundred householders, in West Ham only nine, and in Birmingham eleven. In Coventry the proportion is just under eleven, and female domestics form only 24·5 per thousand of the population.

"A second piece of evidence lies in the very large proportion of boys and girls in their fifteenth year who are already earning wages. It is 79·5 per cent. of the boys and 62·4 of the girls. Such high figures are equalled by very few large towns outside the great textile centres. For the metropolis the corresponding percentages are only 60·1 and 33·0.

"A third indication is given by the small proportion of males who are unoccupied or retired, or whom the census describes as engaged

in Class III., 'Professional occupations and their subordinate services.' Among a thousand males above the age of ten, 138 are unoccupied or retired, and 18·7 belong to Class III. In this respect Coventry is on a level with Birmingham and some of the industrial centres of Staffordshire and Lancashire. By way of contrast, Bournemouth shows 240 per thousand as unoccupied, and London 39 as belonging to professions.

"At the other end of the social scale, Coventry is happy in possessing less than the average, for large towns, of men of the building and general or undefined labouring class, which too often means that stratum of casual labour whence the exploited and the unemployable are chiefly recruited.

"Another department of industry which is rather scantily represented is that of transport. Only one railway company's line passes through the city, there is only one large station, and, though a couple of branch lines run from it, it is not a junction of much importance; therefore the railway staff is small. Neither are there as many carmen as in most commercial centres. Thus it is that only 3·8 per cent. of males above the age of ten are engaged in transport, and the proportion of coachmen or cabmen is only three-quarters that of Birmingham. Indeed, the city is heavily handicapped through the absence of railway facilities commensurate to her growing size and trade. In order to save a few miles between the Yorkshire coalfields and the metropolis, the Great Central has driven its line through the little town of Rugby. It would have done better, possibly, for its shareholders if it had tapped the traffic of Coventry."

Population.

On the question of population I presented the following report to your Sanitary Committee on August 31st last:—

"At the beginning of the year I estimated that—on the supposition of the continuance of the growth of the City at the rate that had been disclosed by the unofficial census last year—the population at the middle of this year would be 87,000.

In order to ascertain whether the increase in the number of houses bore out this estimate, I have obtained from the City Engineer the number of completed houses which have been certified as fit since June 30th, 1906, up to June 30th, 1907.

It is a matter of common knowledge that practically all of these are occupied. Allowing 4·5 people per occupied house, the following table sets forth the estimated population, on this basis, on June 30th, 1907.

WARDS.	Houses completed June 30th, 1906, to June 30th, 1907.	Estimated Increased Population.	Estimated Population.
Radford ..	33	148	6771
Foleshill ..	211	950	9622
Harnall ..	4	18	7712
Swanswell ..	42	189	8451
Bab'ake ..	3	13	5666
Cheylesmore ..	51	229	7770
Hearsall ..	141	634	7720
Grey Friars ..	8	36	6456
Hillfields ..	40	180	8135
All Saints' ..	—	—	6073
St. Mary's ..	—	—	6226
Stoke	354	1594	7289
	887	3991	87891

It will be seen that the total estimated population as shown by the houses is 87,891. Our estimate of 87,000 is probably therefore an under-estimate."

In spite of these considerations, however, I thought it well to adhere to the estimate of **87,000** made at the commencement of the year, and it is on this figure that the vital statistics for the year are calculated in this report.

Vital Statistics of the Wards.

The following table shows the death rates of the several wards, so far as they can be shown, with approximate estimates of the populations of the several wards. The infantile death rates being based on the births that actually took place in the several wards are not liable to the error introduced by estimates. It will be seen that this rate is very much higher in some of the wards than it should be.

WARDS.	Estimated Population, 1907.	Occupied Houses, Census 1901.	Vacant Houses, Census 1901.	Vacant Houses, 1907.	Demolished in 1907.	Death Rate, 1907.	Average Death Rate (10 years).	Infantile Death Rate.
Radford	6635			1	1	9·7		79
Foleshill	9172			5	6	11·0		95
Harnall	7707			8	—	9·4		74
Swanswell	8275			3	—	12·7		104
Bablake	5665			5	2	12·8		98
Cheylesmore	7741			7	14	15·5		119
Hearsall	7886			16	—	10·2		76
Grey Friars'	6422			7	—	10·3		161
Hill Fields	7971			4	—	10·3		78
All Saints'	6089			2	1	9·1		94
St. Mary's	6242			18	21	10·9		174
Stoke	7195			13	3	11·2		117
	87000	15571	511	89	48	13·2	15·9	102

The following Tables record the vital statistics and general growth of the City, as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.

Rateable Value, 1907 £338,516 os. od.

„ „ 1897 £205,557 10s. od.

„ „ 1887 £127,159 10s. od.

Density of Population, 1907 = 20·9 per acre.

„ „ 1906 = 20·2 „

„ „ 1905 = 19·5 „

„ „ 1904 = 18·6 „

„ „ 1903 = 18·1 „

„ „ 1902 = 17·6 „

Average number of persons to each occupied house, 1907 = 4·4

„ „ 1906 = 4·5

„ „ 1905 = 4·5

„ „ 1904 = 4·6

„ „ 1903 = 4·5

„ „ 1902 = 4·5

„ „ 1901 = 4·5

„ „ 1900 = 4·5

„ „ 1899 = 4·6

„ „ 1898 = 4·7

„ „ 1897 = 4·9

„ „ 1891 = 4·5

Year.	Houses Inhabited.	Vacant.	Popula- tion.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	.....	.....	7,000	.....	.....	.....	.....
1586	.....	.....	6,502	.....	.....	.....	.....
1643	.....	.....	9,500	.....	.....	.....	.....
1694	.....	.....	6,710	.....	.....	.....	.....
1723	1,934	.....	.....	.....	.....	... ..	.....
1748	2,066	.....	12,817	32 ?	.....	.....	35 ?
1801	2,930	.....	16,034	.....	.....	.....	.....
1811	3,448	*60	17,923	.....	.....	.....	... ..
1821	3,729	*114	21,448	.....	.....	.....	.....
1831	5,444	*421	27,298	.....	.....	.....	.....
1841	6,531	*590	31,032	.....	.....	.....	.....
Ten Years' Average.							
1851	7,783	*151	36,812	27	.....	.....	.....
1861	8,991	*1,026	40,936	25	.....	.....	.....
1871	8,535	*816	37,670	22	.....	.....	.....
1881	9,223	*643	42,111	20	3·3	150	35·4
1891	11,496	*284	52,724	18·5	1·7	142	32
1901	15,571	353	69,877	16·96	1·9	153·7	29·8
1892	11,789	114	54,000	15·4	·85	117	31·7
1893	11,989	165	54,700	17·1	1·1	160	29·9
1894	12,134	213	55,300	16·1	2·1	157	29·0
1895	12,223	261	56,000	17·0	2·0	152	28·1
1896	12,606	48	59,151	16·3	1·8	149	28·3
1897	†12,440	73	61,234	16·8	1·8	157	31·3
1898	†12,939	75	61,555	17·3	2·9	200	31·1
†1899	†13,297	112	61,796	19·0	2·2	164	30·5
1900	15,461	292	70,075	17·5	2·4	131	32·3
1901	15,571	353	70,300	17·1	2·5	150	29·2
1902	16,240	239	73,000	13·7	1·1	107	27·7
1903	16,821	286	75,700	15·9	1·9	114	28·6
1904	17,202	547	77,500	14·8	1·5	137	29·9
1905	17,888	162	81,000	13·7	1·3	104	26·5
1906	18,726	87	83,900	14·8	2·5	144	28·8
1907	19,706	89	87,000	13·2	·83	102	29·5

* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.

Marriages.

The number of marriages has been 797. This gives a marriage rate of 18.3. The average for the previous eleven years was 17.4. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages.	Rate.	Rate for England.
1896	620	21.2	15.8
1897	622	20.2	16.0
1898	634	20.2	16.3
1899	588	18.4	16.5
1900	642	17.5	16.0
1901	578	16.4	15.9
1902	634	17.3	15.8
1903	574	15.3	15.6
1904	580	15.0	15.2
1905	627	15.4	15.3
1906	802	19.1	15.6
1907	797	18.3	

Births.

There were 2,571 births registered as having taken place during the year within the City. The distribution of the births in the several wards is given in the table on page 27. The birth rate for the year has been 29.5. The average rate for the previous ten years was 29.2. There were 62 illegitimate births registered, or 2.4 per cent. of the total. In 1906 the percentage was 2.0, and in 1905 2.8.

The birth rate is compared with that for the whole of England and Wales in the following table :—

Year.	No. of Births.	Birth Rate.	Rate for England.
1895	1579	28.1	30.4
1896	1679	28.3	29.7
1897	1920	31.3	29.7
1898	1916	30.6	29.4
1899	1871	29.4	29.3
1900	2269	31.0	28.9
1901	2053	29.0	28.5
1902	2023	27.7	28.6
1903	2165	28.6	28.4
1904	2322	29.9	27.9
1905	2153	26.5	27.2
1906	2422	28.8	27.0
1907	2571	29.5	26.3

Deaths.

There have been 1,153 deaths registered as having taken place during the year within your City; of these 14 were deaths of non-residents, which occurred in public institutions within the City; these have been referred to the districts in which they ordinarily resided; and there were 13 deaths of residents which occurred in public institutions outside the City; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,152. This gives a *recorded* death rate of 13.24 per thousand of the population. The distribution of these in the several wards is given in the table on page 27. On page 18 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past thirteen years:—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1907	1152	42072	36.5
1906	1247	45236	36.2
1905	1114	41866	38.0
1904	1132	39623	35.0
1903	1188	43270	36.4
1902	1007	36743	36.4
1901	1203	39709	33.0
1900	1223	42687	34.5
1899	1182	40156	36.5
1898	1060	29858	28.1
1897	1037	35045	33.8
1896	965	33544	34.7
1895	953	33486	35.1

To compare the “Recorded” death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the “Standard” * death rate of each town, the “Factor for Correction.” † The “Standard” death rate of

* The “Standard” death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of 12 age-periods in each town were the same as in England and Wales during the ten years 1891-1900, the rate at all ages in England and Wales during that period having been 18.21 per 1000.

† The “Factor for Correction” is obtained by dividing the “Standard” death rate in England and Wales by the “Standard” death rate in each town, and is the figure by which the “Recorded” death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the “Corrected” death rate.

Coventry is 18.18; the "Factor for Correction" is 1.0017; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1906 was 13.26; this is very slightly in excess of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population approximates to that of the country generally, but is so circumstanced that it tends slightly to the advantage of Coventry so far as the actual death rate recorded is concerned.

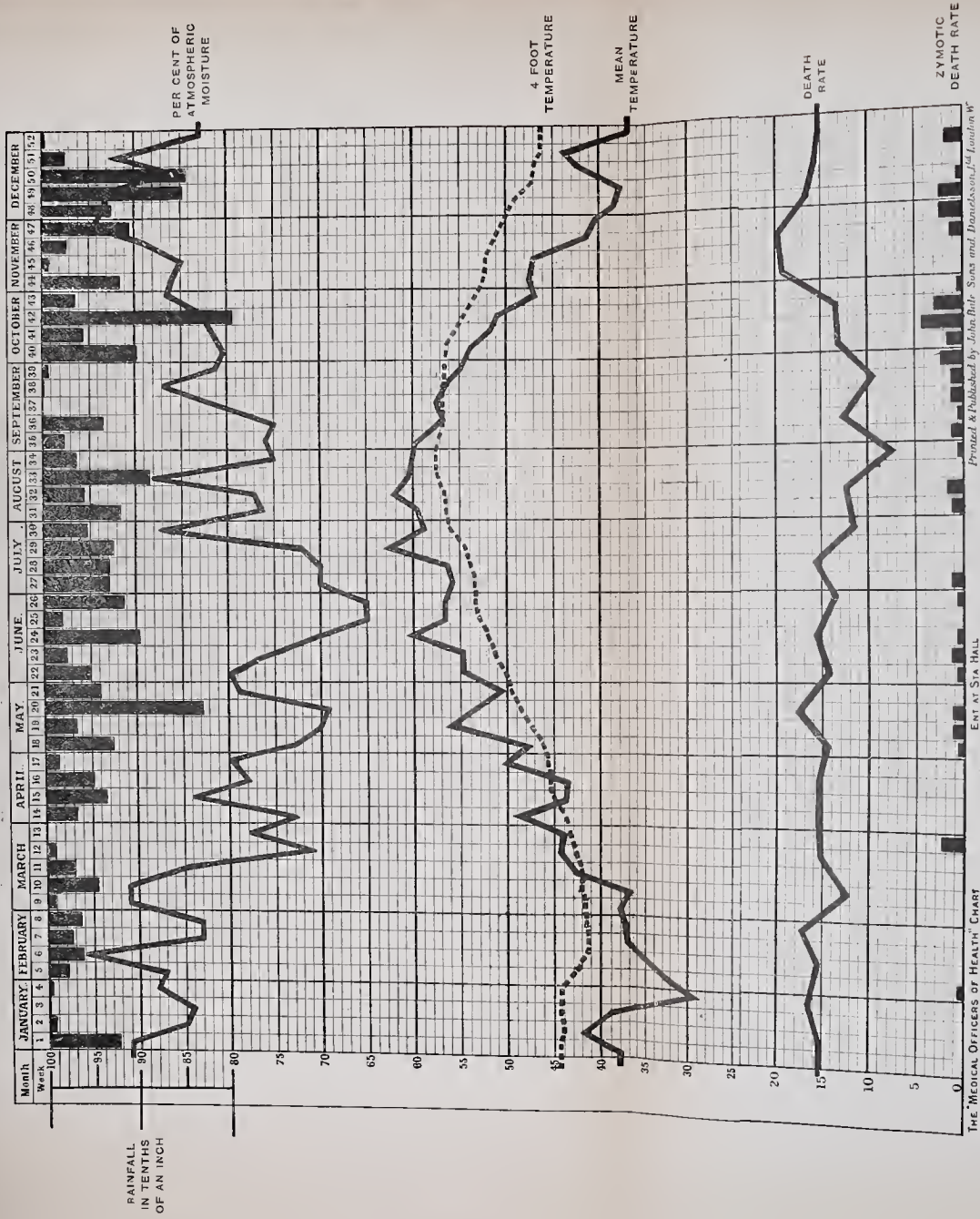
The death rate for England and Wales was	...	15.0
„ „ the 76 great towns was	...	15.4
„ „ the 142 smaller towns was	...	14.5
„ „ rural England and Wales was		14.7

For the purpose of comparison I am inserting the principal vital statistics for the 76 great towns which are now dealt with by the Registrar-General in his weekly returns. These have been extracted from a table published in "The British Medical Journal," the official annual summary of the Registrar-General not having yet been published; it will be noticed that there is a considerable discrepancy between the figures for Coventry in this table and those in this Report; this chiefly arises from the great error which is now known to exist between the estimated population of this City as given in his estimate and the actual population. This difference amounts to 9,374, or 12 per cent. on the official estimate.

Town.	Estimated Population 1907.	Annual Rate per 1000 living.			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
76 Towns	16,024,458	27·0	15·4	1·54	127	0·9
75 Provincial Towns ..	11,266,240	27·5	15·7	1·60	131	1·3
London	4,758,218	25·8	14·6	1·41	115	0·1
Croydon	154,342	25·7	12·4	0·89	94	—
Willesden.. ..	149,192	28·0	11·5	1·29	110	0·5
Hornsey	89,816	17·0	8·6	0·55	77	—
Tottenham	122,793	30·2	13·4	1·31	103	—
West Ham	308,284	28·6	14·6	2·18	131	0·0
East Ham	136,421	26·3	11·2	1·82	108	0·2
Leyton	122,040	26·0	11·2	1·66	92	0·3
Walthamstow	126,397	28·5	12·0	1·82	113	0·1
Hastings	67,477	16·6	12·8	0·48	79	0·5
Brighton	129,023	21·1	14·7	0·84	113	0·1
Portsmouth	208,291	27·9	16·0	1·82	123	1·4
Bournemouth	69,246	17·6	12·0	0·23	83	0·1
Southampton	119,745	23·1	13·0	0·83	108	—
Reading	80,311	22·5	12·4	1·05	90	2·2
Northampton	95,070	20·6	12·3	0·90	122	2·1
Ipswich	72,825	25·4	15·0	1·15	106	—
Great Yarmouth.. ..	52,879	25·4	14·9	1·03	128	—
Norwich	119,191	25·0	14·6	1·33	125	0·6
Plymouth.. ..	120,063	23·2	14·7	0·86	110	0·1
Devonport	79,959	27·3	13·2	1·17	107	—
Bristol	367,979	24·3	13·2	0·79	100	0·2
Hanley	67,174	32·4	18·6	2·40	160	1·2
Burton-on-Trent	53,425	24·3	12·5	1·17	97	2·9
Wolverhampton	102,016	26·4	15·2	1·44	130	0·3
Walsall	96,171	29·5	15·5	2·30	154	0·9
Handsworth	65,929	23·0	10·5	0·90	101	1·3
West Bromwich.. ..	69,123	30·9	16·7	2·33	145	2·1
Birmingham	553,155	28·3	16·2	1·78	147	3·4
King's Norton	75,600	24·5	10·2	0·76	103	2·1
Smethwick	66,467	28·8	13·0	1·14	117	2·0
Aston Manor	83,266	25·4	13·0	1·48	125	0·4
Coventry	77,626	33·0	14·8	1·02	104	2·2
Leicester	236,124	23·2	12·7	0·90	131	0·7
Grimsby	70,574	29·9	16·2	2·23	153	1·6
Nottingham	257,489	26·8	17·5	2·25	165	0·6
Derby	125,774	25·1	14·3	1·60	121	0·1
Stockport	100,986	26·9	17·7	1·53	159	0·1
Birkenhead	118,553	31·2	15·4	1·95	110	0·1
Wallasey	66,707	26·5	13·4	0·78	99	2·0
Liverpool	746,144	31·8	19·0	2·01	144	2·7
Bootle	67,114	32·4	16·8	1·90	123	2·7
St. Helens	92,476	34·2	18·6	2·99	155	3·5
Wigan	88,606	30·9	18·7	2·60	163	—
Warrington	70,269	33·6	16·1	2·01	121	4·5
Bolton	182,917	24·4	16·8	2·49	146	0·6

CITY OF COVENTRY, 1907.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES AND PRINCIPAL METEOROLOGICAL CONDITIONS.



Town.	Estimated Population 1907.	Annual Rate per 1000 living			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
Bury	58,901	22·8	16·0	1·15	136	1·3
Manchester	643,148	28·7	18·1	1·72	146	0·9
Salford	236,670	29·2	17·7	2·14	140	0·4
Oldham	141,730	26·5	19·4	1·52	144	0·3
Rochdale	87,999	23·6	17·2	1·12	122	2·4
Burnley	103,947	28·5	17·6	1·42	158	1·3
Blackburn	134,980	24·8	16·9	1·34	153	1·6
Preston	117,093	26·8	19·1	1·66	158	2·9
Barrow-in-Furness ..	61,635	29·1	13·7	1·55	115	2·5
Huddersfield	94,814	23·2	16·9	0·77	97	1·1
Halifax	110,138	17·4	14·3	0·68	103	1·0
Bradford	290,323	20·0	14·8	0·89	124	0·9
Leeds	470,268	24·9	15·3	1·26	130	0·1
Sheffield	455,553	30·9	17·1	2·64	145	2·2
Rotherham	62,412	32·4	16·1	2·00	148	3·0
York	84,730	25·8	15·1	1·21	125	0·1
Hull	266,762	28·8	16·1	1·77	127	1·0
Middlesbrough	101,783	34·2	20·3	2·85	158	1·0
Stockton-on-Tees ..	52,909	31·4	18·1	1·78	114	1·6
West Hartlepool ..	75,473	27·7	13·5	1·03	127	0·8
Sunderland	156,029	34·3	19·2	1·84	130	2·8
South Shields	113,460	29·0	16·7	1·36	133	5·1
Gateshead	125,783	30·7	15·4	1·57	136	4·4
Newcastle-on-Tyne ..	272,969	29·7	15·9	1·37	123	0·2
Tynemouth	54,688	32·9	17·4	1·35	122	1·3
Newport (Mon.) ..	75,585	32·1	15·4	1·74	122	0·8
Cardiff	187,620	26·0	15·0	1·90	131	0·0
Rhondda	130,400	37·1	16·3	1·91	162	0·9
Merthyr Tydfil	76,085	35·9	19·5	2·27	154	1·1
Swansea	97,324	32·5	17·9	1·27	132	0·3

DEATH RATE.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	Av'rage for past 10 years
	Jan.											
1	" 7	18.2	15.6	17.8	17.0	10.2	14.0	13.0	24.3	12.9	13.4	15.6
2	" 14	19.9	13.9	17.7	19.6	12.2	14.0	13.1	22.2	16.0	13.2	16.1
3	" 21	19.6	15.8	16.5	21.9	12.7	14.4	14.3	21.9	14.3	13.9	16.5
4	" 28	18.9	16.0	16.8	21.3	12.8	14.4	13.6	21.5	14.0	14.7	16.4
	Feb.											
5	" 4	20.1	16.5	17.3	19.4	13.7	17.0	14.0	20.1	13.1	13.9	16.5
6	" 11	20.5	17.1	17.4	18.6	12.8	17.0	14.1	19.6	14.1	14.5	16.5
7	" 18	19.8	17.1	18.4	18.2	13.8	15.9	14.9	18.0	14.5	14.8	16.5
8	" 25	19.2	16.9	18.3	18.2	15.2	15.9	14.8	17.1	14.3	14.9	16.4
	Mar.											
9	" 4	19.2	17.5	18.0	17.8	15.5	17.0	15.5	16.5	14.2	14.5	16.5
10	" 11	18.9	18.8	18.0	18.5	15.6	17.0	15.9	16.5	14.3	14.2	16.7
11	" 18	18.5	19.4	18.0	17.1	15.3	16.9	16.0	16.2	14.5	14.3	16.6
12	" 25	18.0	20.0	18.3	18.0	15.3	16.8	16.0	16.1	14.8	14.1	16.7
	April											
13	" 1	17.7	20.9	17.5	16.8	15.4	16.4	16.0	16.6	14.7	14.0	16.6
14	" 8	17.7	21.4	17.9	18.1	15.4	16.4	16.2	16.5	14.8	14.0	16.8
15	" 15	17.2	21.3	17.5	16.8	15.4	15.9	16.4	16.2	14.7	14.2	16.5
16	" 22	16.9	21.2	17.3	18.2	15.5	15.9	16.7	16.0	15.2	13.9	16.6
17	" 29	16.4	21.4	17.4	17.1	15.5	16.4	16.7	16.2	15.8	13.6	16.6
	May											
18	" 6	16.1	21.2	17.2	17.0	15.5	16.4	16.6	16.0	15.2	13.7	16.4
19	" 13	15.7	21.2	16.8	16.8	15.5	16.8	16.6	16.7	15.0	14.0	16.5
20	" 20	15.3	21.1	16.6	18.2	15.4	16.7	16.5	16.7	14.7	13.9	16.5
21	" 27	15.2	20.8	16.3	17.7	15.5	16.8	16.4	16.6	14.5	13.9	16.3
	June											
22	" 3	15.0	20.4	16.1	17.6	15.5	16.9	16.0	16.5	14.6	13.9	16.2
23	" 10	14.8	20.5	16.0	16.6	15.8	17.0	15.9	16.4	14.4	14.1	16.1
24	" 17	14.6	20.3	15.7	17.2	15.1	17.0	15.3	16.4	14.3	13.8	15.9
25	" 24	14.6	20.1	15.6	16.2	14.8	17.7	15.4	16.3	14.3	13.8	15.8
	July											
26	" 1	14.5	19.9	15.1	16.5	14.7	17.6	15.3	16.1	14.3	13.3	15.7
27	" 8	14.3	19.6	15.6	16.9	14.7	17.6	15.0	15.9	14.0	13.6	15.7
28	" 15	14.3	19.5	15.5	17.0	14.7	17.6	14.7	15.8	13.8	13.4	15.6
29	" 22	14.5	19.3	15.3	16.8	14.5	17.5	14.5	15.8	13.6	13.5	15.5
30	" 29	14.9	19.0	15.2	16.1	15.0	17.5	14.6	15.5	13.4	13.4	15.4
	Aug.											
31	" 5	15.4	19.2	15.2	17.4	14.7	17.4	14.0	15.4	13.6	13.6	15.5
32	" 12	15.9	19.1	15.1	17.6	14.6	17.0	14.0	15.3	13.5	13.3	15.5
33	" 19	16.2	19.3	15.3	17.7	14.7	16.7	14.2	15.3	13.7	13.0	15.6
34	" 26	16.8	19.4	15.4	17.7	14.6	16.7	14.2	15.3	14.2	12.9	15.7
	Sept.											
35	" 2	17.1	19.3	15.7	17.9	14.6	16.7	14.2	15.2	14.2	12.9	15.7
36	" 9	17.3	19.6	15.9	17.8	14.5	16.7	14.3	15.5	14.7	12.8	15.9
37	" 16	17.3	19.5	16.2	17.4	14.5	16.5	14.6	15.3	14.9	12.8	15.9
38	" 23	17.4	19.3	16.2	17.5	14.4	16.5	14.5	15.3	15.1	12.6	15.8
39	" 30	17.5	19.2	16.2	17.3	14.5	16.5	14.6	15.1	14.9	12.5	15.8
	Oct.											
40	" 7	17.5	19.1	16.3	17.1	14.3	16.4	14.7	14.9	15.0	12.6	15.7
41	" 14	17.3	19.1	16.0	17.3	14.3	16.3	14.7	14.8	15.0	12.6	15.7
42	" 21	17.1	19.1	16.4	17.0	14.4	16.3	14.4	14.7	14.8	12.6	15.6
43	" 28	17.0	18.9	16.5	16.6	14.3	16.2	14.5	14.7	14.8	12.7	15.6
	Nov.											
44	" 4	17.0	18.7	16.5	17.0	14.1	16.2	14.5	14.7	14.8	12.8	15.6
45	" 11	17.0	18.6	16.6	16.9	14.1	16.2	14.5	14.7	15.0	12.9	15.6
46	" 18	16.8	18.5	16.1	16.8	14.2	16.1	14.5	14.6	14.8	13.0	15.5
47	" 25	16.8	18.3	16.5	16.0	14.0	16.2	14.5	14.6	14.8	13.1	15.4
	Dec.											
48	" 2	16.8	18.4	16.6	16.9	14.9	16.3	14.7	14.5	14.7	13.1	15.6
49	" 9	16.9	18.4	16.7	17.1	14.1	16.2	14.8	14.4	14.6	13.2	15.6
50	" 16	16.8	18.5	16.7	17.0	13.9	16.2	14.9	14.4	14.8	13.1	15.6
51	" 23	16.8	18.4	16.6	17.1	13.9	16.2	14.8	14.4	14.8	13.2	15.6
52	" 30	16.9	18.4	16.6	17.1	13.9	16.3	15.0	14.5	14.8	13.2	15.6

Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall and at the Free Library. Monthly records of them are forwarded to the Meteorological Office, and published by the Registrar-General in his Quarterly Returns of Vital Statistics, together with the records of 31 other recognised meteorological stations. These records are summarised by the Meteorological Office.

The relationship existing between the death rate and the temperature and humidity of the atmosphere, is graphically represented in the curves on the plate opposite page 16.

The summary of the meteorological observations taken during the year is given on page 25.

The highest temperature recorded in the shade was on May 12th, when 80° F. was reached. Freezing point or below was recorded in the screen on 60 days during the year; these days were distributed throughout the months as follows :—

January	12.	July	
February	18.	August	
March	10.	September	
April	3.	October	
May	1.	November	5.
June		December	11.

The highest temperature recorded four feet below the surface of the ground was 57.5° F. from August 12th to 26th, and that one foot below the surface was 63.5° F. on August 21st.

Rain fell on 201 days. The total rainfall at the City Hospital amounted to 27.57 inches, or 1.13 inches more than in 1906.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on May 13th, when the amount collected was 1.30 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 25.82 inches of rain.

The daily records of rainfall for the year are given on the next page.

RAINFALL, 1907.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	'35	..	'08	..	'16	'11	'03	..	'04	'23	'01	..
2	'24	..	'01	'005	'035	'04	'06	'72	'11	'03	..	'43
3	'02	'04	..	..	'43	..	'28	..	'12	..	'005	'01
4	..	'15	..	..	..	'10	'22	..	'20	..	'03	'65
5	'015	'015	'14	'09	'005	'025	'005	'01	..	'17	..	..
6	..	'02	..	'23	'02	'08	'12	'24	'06	'58	'01	'03
7	..	..	'03	'01	'20	'02	..	'02	'17	..	..	'32
8	..	'13	'03	'02	'015	..	'01	..	..	'01	'02	'07
9	..	'03	'26	..	'12	'015	'39	'04	..	'06	..	'38
10	'08	'045	'09	'005	..	'265	'28	..	..	'145	..	'04
11	..	'10	..	'145	..	'54	..	'13	..	'16	..	'32
12	..	'11	'07	'47	..	'08	..	..	..	..	'12	'35
13	..	..	'17	'025	1'30	'05	'03	..	..	'07	..	'40
14	..	'02	'02	..	'42	'04	..	'69	..	'26	'04	'07
15	..	..	'02	..	..	'07	..	'12	..	..	..	..
16	..	'01	'03	'005	'005	..	..	'06	..	1'20	'07	'02
17	..	'025	'005	..	..	..	..	'29	..	'025	'04	..
18	..	'12	..	..	..	'005	..	..	..	'13	..	18
19	..	'15	'10	..	'005	..	..	'12	'005	'17	..	..
20	'04	'07	..	'23	'04	'04	..	'035	'005	'27	'02	'01
21	..	'03	..	'29	'025	..	'76	..	..	'05	..	..
22	..	..	..	..	'30	'16	'07	'115	..	'115	'40	'05
23	..	..	..	..	'17	..	..	..	..	..	'05	'005
24	..	'005	..	..	..	'13	..	..	..	'005	'49	..
25	..	..	..	..	'03	'10	'21	'10	'04	'07	'33	..
26	..	..	..	'005	'05	..	'06	..	'02	'02	'41	..
27	..	..	..	'05	..	'07	'07	..	..	'01	'02	'01
28	'06	..	..	'10	..	'005	'07	..	..	..	..	..
29	'12	..	..	'03	..	..	'10	'01	'01	'65	..	'01
30	..	..	..	'10	'275	'575	..	..	..	'20	..	..
31	..	..	..	..	'08	..	'01	'19	..	'01	..	..
Totals	'925	1'070	1'055	1'810	3'685	2'520	2'775	2'890	'780	4'640	2'065	3'355
No. of Rain Days.	8	17	14	17	20	21	18	16	11	24	16	19

Total Rainfall for Year 27'570 inches: No. of Rain Days 201.

RAINFALL AT DIFFERENT LOCAL STATIONS.

1907.

			City Hospital.	Davenport Road.	Spencer Road.	Holyhead Road.
January	..	..	·925	·99	1·04	·98
February	..	..	1·070	1·00	1·04	·91
March..	..	..	1·055	1·03	1·04	·96
April ..	..	..	1·810	1·76	1·90	1·76
May ..	..	..	3·685	4·75	4·80	4·80
June ..	..	..	2·520	2·10	2·41	2·62
July ..	..	..	2·775	3·31	2·96	2·79
August..	..	..	2·890	2·59	2·65	2·66
September	..	..	·780	·98	·68	·69
October	..	..	4·640	5·22	5·03	4·71
November	..	..	2·065	2·41	2·37	2·10
December	..	..	3·355	3·49	3·36	3·43
Total	..	..	27·570	29·63	29·28	28·41

For the records of rainfall at Davenport Road, Spencer Road, and Holyhead Road, I am indebted to the courtesy of Mr. Alderman Andrews, J.P., Major R. B. Caldicott, J.P., and Mr. J. B. Morris respectively.

The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous fifteen years.

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
January ..	1.26	.67	1.57	3.82	1.27	1.98	.79	3.45	3.44	.98	1.04	2.17	2.66	.72	3.53	.925
February	.87	3.07	2.21	.16	.50	3.06	1.03	2.60	3.82	1.64	1.51	1.05	3.13	.80	2.405	1.070
March ..	.80	.38	1.01	1.94	2.38	2.78	84	1.21	.62	1.78	1.68	4.03	1.41	3.02	1.24	1.055
April ..	.80	.355	1.63	1.92	1.07	2.23	1.98	1.87	1.27	1.92	2.19	1.555	.90	1.475	.46	1.810
May ..	1.51	1.98	2.39	.575	.36	1.95	2.55	2.35	1.66	.88	2.24	3.21	1.55	.265	2.23	3.685
June ..	3.90	.99	1.71	.94	3.52	2.68	.72	1.61	3.15	2.64	2.47	2.65	.33	2.95	3.375	2.520
July ..	2.67	1.845	2.58	2.80	2.345	.36	1.045	1.11	1.62	2.46	1.48	2.69	2.56	.865	.955	2.775
August ..	2.58	1.76	2.32	2.225	2.12	3.78	3.54	1.285	3.00	1.725	3.47	3.97	1.73	4.625	1.005	2.890
September	2.35	1.17	2.26	.79	4.46	2.25	.63	1.73	.45	1.21	1.09	2.13	1.92	2.005	1.015	.780
October ..	2.62	3.085	2.99	2.99	2.51	1.74	2.58	2.16	2.77	1.30	2.29	6.38	.595	1.035	5.175	4.640
November	2.17	1.42	2.55	3.81	1.31	1.40	1.90	1.53	1.99	.69	1.595	1.57	1.31	2.74	2.925	2.065
December	1.41	2.165	2.43	2.02	3.36	2.58	2.26	1.80	5.09	4.19	1.48	1.34	1.88	.815	2.095	3.355
Totals ..	22.94	19.89	25.66	23.99	25.205	26.79	19.865	25.705	28.88	21.415	22.535	32.745	19.975	21.315	26.41	27.57

The average yearly rainfall at this station for the preceding fifteen years, 1892 to 1906, was 24.234 inches. The rainfall for 1907 was therefore 3.336 inches above the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 29.1 inches in 1907.

The hours of bright sunshine recorded by the Jordan's Sunshine Recorder at the City Hospital are shown by the following figures :—

1895 ... 1,495 hours.	1901 ... 1,214 hours.
1896 ... 1,111 ,,	1902 ... 967 ,,
1897 ... 1,367 ,,	1903 ... 1,096 ,,
1898 ... 1,326 ,,	1904 ... 1,209 ,,
1899 ... 1,482 ,,	1905 ... 1,053 ,,
1900 ... 1,166 ,,	1906 ... 1,338 ,,
	1907 ... 1,197 ,,

The Campbell-Stokes Sunshine Recorder recorded 1,354 hours of bright sunshine during 1907. As this latter recorder measures the heat rays of the sun, while the former measures the actinic rays, it probably gives more accurately the duration of what is usually regarded as "bright sunshine."

A Meteorological Station has now existed at the City Hospital for sixteen years. The records give data for calculating the "mean" monthly temperatures. These may be obtained by taking the mean of the maximum temperatures and the mean of the minimum temperatures for each month in each year, and then the means of these for each month in each year. The mean of the corresponding months for all the years gives the "mean" monthly temperature for this station. These are given in the following table:—

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	Average for 16 years.
January ..	36.1	34.9	37.2	31.7	40.45	33.9	43.0	41.1	39.55	37.7	40.9	39.4	38.8	37.6	40.9	37.5	38.1
February	38.8	40.1	41.4	28.3	39.7	41.8	40.05	41.0	36.4	38.3	34.4	44.7	38.0	41.8	37.8	37.1	38.9
March ..	38.2	45.5	43.9	41.9	44.5	44.3	39.5	41.5	38.3	39.25	44.9	44.4	40.9	45.3	41.2	43.5	42.9
April ..	47.1	52.0	49.1	47.1	48.05	44.7	47.2	47.1	47.3	47.8	46.4	44.1	49.0	45.8	45.7	46.4	47.8
May ..	54.2	56.5	48.2	54.2	53.3	50.4	50.8	49.4	50.9	52.85	48.6	52.5	52.8	52.2	52.5	52.1	52.5
June ..	57.0	62.0	57.1	59.0	61.6	59.9	56.5	59.9	59.1	57.0	57.4	56.6	57.6	60.2	58.2	56.0	58.4
July ..	58.2	63.8	58.4	60.3	62.0	62.4	60.1	64.3	65.0	64.95	59.5	60.2	64.6	64.7	62.1	57.7	61.7
August ..	59.8	64.5	55.0	60.9	57.5	62.0	62.4	64.8	60.5	60.1	58.5	58.1	59.5	59.7	64.3	59.0	60.4
September	55.2	56.0	53.0	60.6	55.8	53.7	59.6	56.4	56.9	57.0	55.4	56.4	55.5	54.8	58.2	57.1	56.3
October ..	45.0	50.0	48.9	43.2	44.4	49.6	52.1	48.3	49.7	49.2	49.7	51.6	49.9	45.4	51.9	49.3	48.6
November	43.9	41.3	45.6	45.4	39.1	45.2	44.7	47.0	44.7	41.0	41.0	43.5	40.8	40.8	48.1	43.7	43.4
December	33.8	39.8	40.6	38.6	38.3	40.9	45.5	36.4	44.7	37.9	40.5	38.3	38.7	39.5	37.1	39.9	39.4

TABLE I.—(L.G.B.)—Deaths, &c.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NET DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births registered	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1897	61,234	1920	31.3	302	157	1038	16.9	143	18	10	1030	16.8
1898	61,555	1916	31.1	383	200	1068	16.9	139	14	9	1055	16.8
1899	61,796	1886	30.5	312	164	1182	18.6	145	29	15	1168	18.4
1900	70,075	2269	32.3	298	131	1223	17.4	169	11	15	1227	17.5
1901	70,300	2053	29.2	309	150	1206	17.1	137	14	11	1203	17.1
1902	73,000	2023	27.7	217	107	1002	13.7	130	3	8	1007	13.7
1903	75,700	2165	28.6	248	114	1189	15.7	175	7	25	1207	15.9
1904	77,500	2322	29.9	319	137	1132	14.6	132	6	21	1147	14.8
1905	81,000	2153	26.5	224	104	1105	13.6	148	14	23	1114	13.7
1906	83,900	2422	28.8	338	144	1242	14.8	185	17	22	1247	14.8
Averages for years 1897-1906.	71,606	2112	29.5	295	140	1138	15.9	150	13	15	1140	15.9
1907	87,000	2571	29.5	264	102	1153	13.2	197	14	13	1152	13.2

Institution within the District receiving sick and infirm persons from outside the District

Coventry and Warwickshire Hospital.

Institutions outside the District receiving sick and infirm persons from the District

Hatton Asylum.
General Hospital,
Birmingham.

Other Institutions, the deaths in which have been distributed among the several localities in the District

Workhouse.
Ford's Hospital.
Bond's Hospital.

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made is given on the side of this table.

Area of District in acres (exclusive of area covered by water), 4,147 acres.

At Census of 1901—Total population at all ages, 69,978; number of inhabited houses, 15,571; average number of persons per house, 4.5.

The Union Workhouse is within the City.

TABLE II.—(L.G.B.)

NAMES OF LOCALITIES.	WHOLE CITY.				BISHOP STREET WARD.				GOSFORD STREET WARD.				EARL STREET WARD.				WHITE FRIARS' WARD.				SPON STREET WARD.				NORTH EAST WARD.				
	1.				2.				3.				4.				5.				6.				7.				
Year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all ages.	Deaths under 1 year.	
1897	61,234	1920	1038	302	16,854	266	92	76	14,606	239	76	51	12,186	183	183	47	8825	216	47	8763	134	36	8038	147	44	8038	147	44	8038
1898	61,555	1916	1060	385	16,898	340	134	94	14,728	228	94	51	12,266	151	151	62	8820	217	62	8843	124	44	8492	135	32	8492	135	32	8492
1899	61,796	1886	1172	308	16,954	332	80	82	14,754	270	82	49	12,285	198	198	53	8815	229	53	8988	143	40	8990	165	51	8990	165	51	8990
1900	70,075	2269	1227	298	17,140	343	68	68	14,811	255	59	37	12,340	176	176	39	8756	241	39	8990	165	51	9238	120	40	9238	120	40	9238
1901	70,300	2053	1203	309	17,159	292	86	66	14,821	249	66	50	12,354	176	176	42	8475	210	42	9336	141	33	9868	149	34	9868	149	34	9868
1902	73,000	2023	1007	217	17,952	234	60	43	15,251	182	43	32	12,760	158	158	23	8463	204	23	9336	109	18							
1903	75,700	2165	1207	248	18,875	288	69	57	15,662	214	57	26	13,285	167	167	33	8445	256	33	9665	133	29							

NOTES.—(a) The separate localities 1895-1903 adopted for this table are areas of which the populations are obtainable from the census returns. Block 1 is used for the whole district; and blocks 2, 3, &c., for the several localities.

(b) Deaths of residents occurring beyond the district are included in sub-columns c of this table, and those of non-residents registered in the district excluded.

(c) Deaths of residents occurring in public institutions are allotted to the respective localities, according to addresses of the deceased (when known).

(d) In 1904 the City was divided into 12 Wards, the populations of which are not yet obtainable from official census returns.

TABLE III.—(L.G.B.)
Cases of Infectious Disease notified during the Year 1907.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.												No. of Cases removed to Hospital from Each Locality.														
	At Ages—Years.						Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Cheylesmore Ward.	Hearsall Ward.	Grey Friars' Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	Whole City.	Radford Ward.	Foleshill Ward.	Harnall Ward. (H)	Swanswell Ward.	Bablake Ward.	Cheylesmore Ward. (W)	Hearsall Ward.	Grey Friars' Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	Whole City.	
	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.																											65 & upwards.
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous croup) ..	43	2	9	25	5	2	..	5	6	3	9	1	4	2	5	3	..	..	5	43	..	..	..	..	..	..	1	..	..	..	..	..	1
Erysipelas ..	59	1	1	4	10	35	8	7	5	6	5	..	9	1	4	10	3	2	7	59	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever ..	247	3	65	156	12	11	..	36	14	28	35	9	8	18	13	30	19	19	18	247	32	14	28	31	9	7	14	12	29	17	19	16	228
Typhus fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever ..	4	..	..	1	1	2	..	..	..	2	..	..	1	1	..	..	..	..	..	4	..	..	2	..	..	1*	..	..	..	..	..	..	3
Relapsing fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	5	..	..	..	2	3	..	..	2	..	..	..	..	..	..	1	1	..	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	359	6	76	186	30	53	8	48	27	39	49	10	22	22	22	44	24	21	31	359	32	14	30	31	9	7	15	13	29	17	19	16	232

NOTES.—The localities adopted for this table are the same as those in Tables II. and IV.
Mark (H) indicates the locality in which the City Hospital is situated.
Mark (W) indicates the locality in which the Workhouse is situated.
The Pinley (Small Pox) Hospital is situated outside the boundary in St. Michael's Without.
* Admitted to the Coventry and Warwickshire Hospital.

TABLE IV.—(L.G.B.)

Causes of, and Ages at, Death during Year 1907.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the district.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.												Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 5	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Ch'yl'smore Ward.	Hearsall Ward.	Grey Friars Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	20	5	14	1	..	..	..	1	..	1	3	..	1	1	5	2	3	1	2	1
Scarlet Fever ..	4	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4
Whooping-cough ..	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2	..
Diphtheria (including Membranous Croup)	10	2	6	2	..	..	..	..	..	2	1	1	2	..	1	2	..	..	1	2
Croup	2	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Fever { Typhus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Other cont'd	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Epidemic Influenza	8	..	1	1	..	4	2	1	..	1	2	..	..	..	1	..	1	..	2	..
Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa. (See notes at foot)	34	29	5	..	..	..	..	4	3	3	3	2	2	1	1	3	4	2	6	..
Enteritis. (See notes at foot)	9	9	..	..	..	..	..	..	3	..	1	..	2	1	2	..	..	..	..	1
Puerperal Fever (See notes at foot) .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	2	1	..	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	1
Other Septic Diseases	2	..	..	..	..	2	..	..	..	1	1	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis) ..	108	..	2	6	19	76	5	10	7	8	7	10	12	5	8	12	10	7	12	8
Other tubercular diseases	38	5	11	9	1	10	2	1	4	2	8	2	3	2	3	3	3	5	2	7
Cancer, malignant disease. (See notes at foot)	39	..	..	..	..	22	17	4	4	3	4	2	4	3	3	2	5	2	3	6
Bronchitis	48	10	3	..	1	10	24	3	9	2	2	5	7	4	4	4	2	3	3	1
Pneumonia	90	20	14	3	3	37	13	6	9	8	6	5	13	4	7	11	6	11	4	10
Pleurisy	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Other Diseases of Respiratory Organs	19	1	5	2	1	2	8	1	2	1	1	3	2	1	1	1	1	4	1	6
Alcoholism } Cirrhosis of liver }	23	..	..	..	..	18	5	3	..	4	..	2	2	2	2	1	3	3	1	7
Venereal Diseases	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Premature Birth ..	80	80	..	..	..	..	..	1	13	6	5	7	7	5	7	4	3	9	13	2
Diseases and Accidents of Parturition	9	..	..	..	3	6	..	..	1	..	1	..	..	..	..	2	..	1	4	1
Heart Diseases ..	36	..	..	1	4	22	9	3	1	5	..	10	4	1	2	2	2	4	2	11
Accidents	39	11	3	2	4	13	6	4	4	2	7	1	5	6	1	1	2	1	5	15
Suicides	8	..	..	..	..	8	..	3	1	1	2	..	..	..	..	..	..	1	..	1
Not Certified ..	20	12	1	1	..	1	5	2	1	3	4	..	2	1	2	2	2	..	1	..
All Other Causes ..	496	76	23	19	14	163	201	35	34	27	52	52	64	51	40	36	32	41	32	112
All Causes	1152	264	97	47	50	396	298	84	96	82	111	102	135	89	90	90	80	95	98	197

NOTES.—(a) The deaths of residents occurring beyond the limits of the district are included in this table, and deaths of non-residents occurring in the district are excluded.
See note on Table I. as to meaning of "Residents" and "Non-residents."

(b) Deaths of residents occurring in public institutions are allotted to the respective localities according to the addresses of the deceased as given by the Registrars, and in addition, are classified under "Public Institutions."

(c) Under the heading of "Diarrhœa" are included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;

Zymotic enteritis;

Epidemic diarrhœa. Summer diarrhœa;

Dysentery and dysenteric diarrhœa;

Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

Under the heading of "Enteritis" are included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, there has been reason for including such deaths, especially those of infants, under the specific term "Diarrhœa."

Deaths from diarrhœa secondary to some other well-defined disease are included under the latter.

Infantile Mortality.

There were 264 deaths of infants below one year of age; this gives a mortality per thousand births of 102. The average mortality for the previous ten years was 140.

The following table shows, for the past fifteen years, the number of deaths of children under one year of age per 1,000 births in Coventry compared with England and Wales generally :—

Year.	England and Wales.			Coventry.
1893	...	159	...	160
1894	...	137	...	157
1895	...	161	...	152
1896	...	148	...	149
1897	...	156	...	157
1898	...	161	...	200
1899	...	163	...	164
1900	...	154	...	131
1901	...	151	...	150
1902	...	133	...	107
1903	...	132	...	114
1904	...	146	...	137
1905	...	128	...	104
1906	...	133	...	144
1907	...	118	...	102

The infantile mortality of the 76 great towns was 127; that of the 142 smaller towns 122; and that in England and Wales, less the 218 towns, 106.

In order to clearly represent the yearly variations in the infantile mortality, I have prepared a chart, opposite page 32, showing these variations since 1870. The average mortality in the decennium 1875-1884 was 144.3; that from 1885 to 1894 was 143.6; that from 1895 to 1904 was 146.1; while the average in the past three years was 116.6. A similar decline has been noted in other towns, and some have not been slow to ascribe this fall to the increased efforts which have been made to combat this mortality. As, however, similar falls have occurred in towns where no special efforts have been made, it appears probable that the conclusion is erroneous. The probability is that the

reason for the low rates which pertained in 1905 and 1907 locally, was the exceptionably favourable climatic conditions.

The table on page 32 sets out the causes of the deaths of infants under one year of age which have occurred in the year. Of the 264 deaths 12 were uncertified, *i.e.*, no medical certificate of the cause of death was forthcoming, and no inquest was held. In the first three months of life 190 infants died; in the second three months 34; in the third 22; and in the fourth 18; so that there is a diminishing rate during the first year of life, and a very heavy mortality in the first three months. About one-half of the whole number failed to reach the age of one month; and of these the larger proportion died in the first week of life. The cause of death which bulks so largely in the first week is premature birth. It is possible that the cause is affected by ante-natal conditions; in this City, where so few of the married women work in factories, it is certain that this cause cannot be assigned. If any steps are to be taken to preserve such lives it appears likely that they will have to be in the direction of exceptional measures for the special care and nursing of such children, such as are taken in some of the maternity hospitals. That such measures are difficult of application outside an institution is obvious.

The deaths from diarrhoeal diseases were very much fewer than in 1906; the cause of this is referred to under its separate heading.

A comparison of this table with those of the two previous years shows that there is a general resemblance, the greatest differences existing in the varying mortality from the infectious diseases.

It will be noted from the table that the proportion of deaths among illegitimate infants is very much greater than among the legitimate. Among the latter the infantile death rate was 100 per 1,000 births; among the former it amounted to 193 per 1,000 births.

TABLE V.—(L.G.B.)—Infantile Mortality during the year 1907.

Deaths from stated Causes in Weeks and Months under One Year of Age.

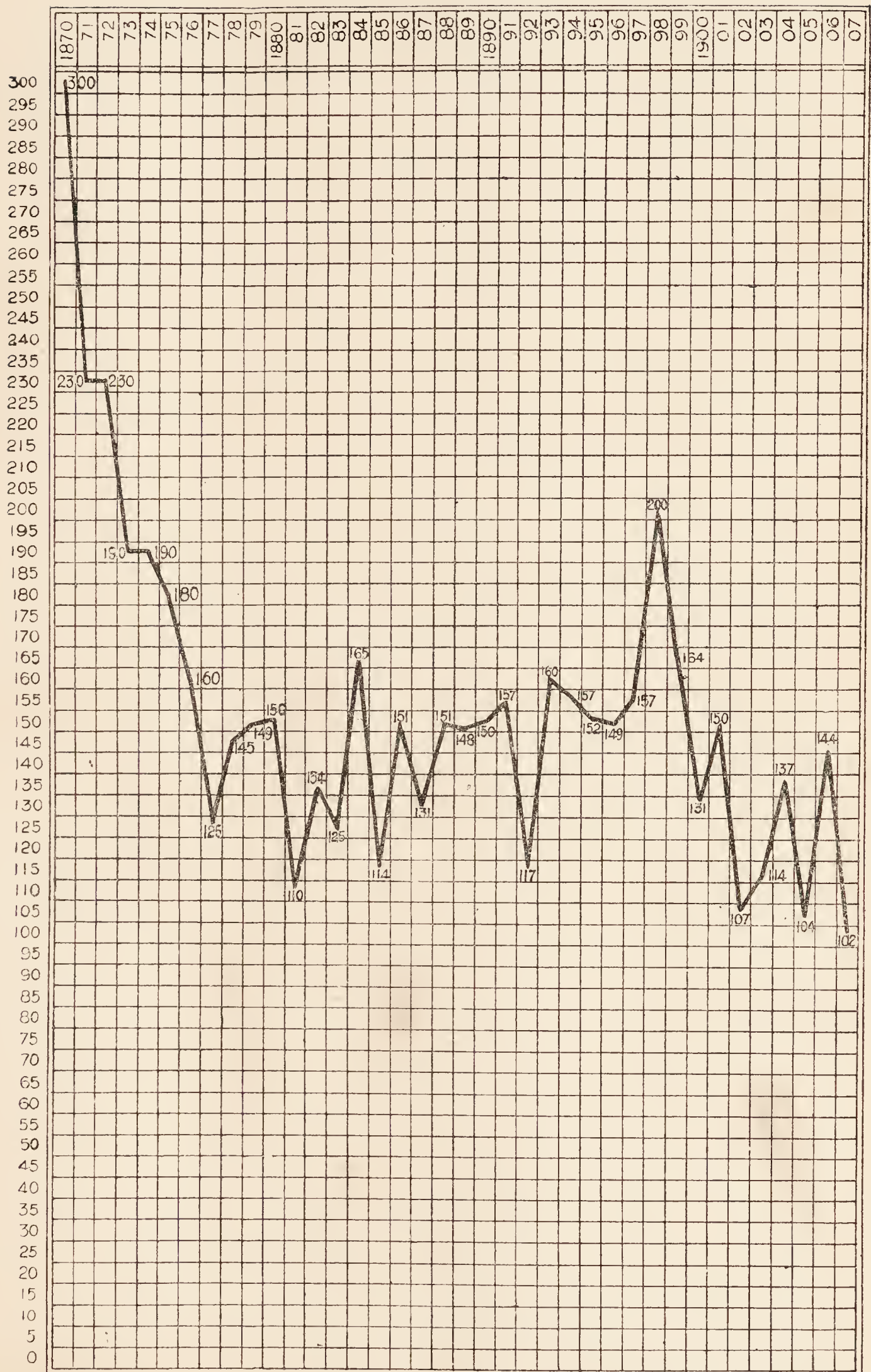
(See Notes at foot of Table IV.)

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified ...	81	17	17	18	133	23	23	14	13	7	8	6	7	5	7	6	252
	Uncertified	9	...	...	...	9	1	1	...	...	...	1	...	...	...	...	...	12
Common Infectious Diseases.	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	1	5
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria (including Membranous Croup)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoeal Diseases.	Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	2
	Diarrhoea, all forms	...	1	...	3	5	3	4	1	5	...	2	1	1	1	3	1	29
	Enteritis (Muco-enteritis, Gastro-enteritis)	...	...	...	...	...	1	2	1	1	1	...	...	1	...	...	...	8
	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Wasting Diseases.	Premature Birth...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Congenital Defects	56	8	5	8	77	2	...	...	...	...	1	...	...	...	...	...	80
	Injury at Birth	9	3	3	...	15	2	1	...	...	...	...	1	...	...	...	...	19
	Want of Breast-milk, Starvation	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Tuberculous Diseases.	Atrophy, Debility, Marasmus	4	2	3	1	10	4	6	2	1	...	...	2	2	...	...	1	...
	Tuberculous Meningitis	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	3
	Tuberculous Peritonitis; Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes.	Erysipelas	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
	Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Convulsions	2	3	1	1	7	4	1	1	1	1	1	...	...	...	...	...	2
	Bronchitis	...	...	1	1	2	2	2	1	1	...	...	...	1	...	...	...	16
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10
	Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Suffocation, overlying	2	...	1	1	3	2	2	3	3	1	1	2	1	1	2	...	20
	Other Causes	5	...	1	2	8	...	2	...	1	1	...	...	...	...	...	...	7
		81	17	17	18	133	23	23	14	13	7	8	6	7	5	7	6	252

Births in the year :—Legitimate, 2,509 ; Illegitimate, 62.
Deaths in the year of { Legitimate Infants, 252.
 { Illegitimate Infants, 12.

Deaths from all Causes at all Ages, 1,152.
Population, estimated to middle of 1907, 87,000.

COVENTRY INFANTILE MORTALITY CHART SINCE 1870.



seven principal infectious diseases this City compared favourably with the whole of the rest of the country, whether the comparison be made with large towns, medium towns, or rural districts, save in the case of deaths from Diarrhœa. So far as these deaths are concerned we compare favourably by one decimal

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 38 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhœa.
1870	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	9	15	18	28	45
1874	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
	229	203	263	297	644	580	1903

* The Deaths from Membranous Croup are here included.

point with the 76 large towns, but unfavourably with the smaller towns and the rest of the country. In a town such as this, with so many advantages in the way of sanitation not possessed by

all towns, we ought to hold a better position so far as this disease is concerned, than to be slightly below the average of the big towns. Meteorological conditions favouring a small death rate from this disease were probably common to the whole country last year. I consider the figures justify the conclusion that there is an influence at work in this City telling against a favourable death rate from this disease. This matter is again referred to later.

The accompanying table shows how the deaths from these diseases vary from year to year, as evidenced from the numbers of deaths which have taken place in each year during the past 38 years.

Epidemic Diarrhœa.

During the year 16 deaths have been attributed to Epidemic Diarrhœa, and 18 to Diarrhœa, making a total of 34 deaths as due to this disease.

The preceding table shows that this is a great improvement on the previous year. My views concerning the causation of this disease have been sufficiently expressed in previous reports to indicate that I do not attribute this diminished mortality to any efforts made by your Authority to lessen the local predisposing factors, but that I attribute the lessened mortality solely to the fortunate occurrence last year of an exceptionally cold and wet summer. I think that this view is incontrovertible.

Your Council will recollect that in 1906 the incidence of fatalities from this disease was exceptionally severe in the North-east quarter of the City, and that I attributed this to the location in that quarter of the refuse tip, and the consequent facilities engendered for the growth of flies, and the spread of noxious matter to the surrounding neighbourhood. In order to ascertain whether the cause which I alleged to be operative in 1906 continued in 1907, I have made a spot map of the deaths from this disease in that year, and I find that out of a total number of 34 deaths, 15 occurred in the North-east quarter, in which the tip is situated; 7 occurred in the South-east quarter; 6 in the South-west quarter, and 6 in the North-west quarter. I am bound to add that I do not regard this incidence of the fatalities as fortuitous, but that I continue to ascribe it to the presence in the North-east quarter of the general tip for refuse from the City,

a method of disposing of refuse which has been annually condemned as insanitary by your official medical advisers every year for over twenty years.

Much attention has recently been given to the influence of flies on the spread of this form of disease; and their pernicious influence is now beyond doubt. It has further been shown that one of the most favourable breeding grounds for flies is an accumulation of horse manure; the administrative sequel of this is that manure pits in the near vicinity of dwellings should be discouraged, and that where they exist their regular emptying at frequent intervals should be rigorously insisted on.

Measles.

Twenty deaths were registered as due to Measles. Nineteen of these were under five years of age. No less than 1,406 cases or alleged cases were notified from the Head Teachers in connection with the Schools. As only one death occurred over five years of age, it is clear that the fatality among those of school age was almost nil. Your Education Committee has recently resolved not to admit any further children under the age of five. As schools undoubtedly act as agents in the spread of this disease, I believe that this course will have an influence in postponing the age of attack, and therefore in diminishing the fatality of the disease.

The numbers of cases notified from the different schools are set out in the table on page 142.

Three infant departments were closed on my advice by order of your Sanitary Committee for 12 days (page 141) on account of the prevalence of Measles.

Scarlet Fever.

Two hundred and forty-seven cases of this disease were notified, and four died from it; one other case admitted to the City Hospital also had Diphtheria, and the fatal termination was due to this latter disease. It will be seen that the mild type which this disease has assumed in recent years is continuing.

Of the cases notified, 228, or 92.3 per cent., were admitted to the City Hospital. It seldom arises that any difficulty is now met with in obtaining removal to Hospital, as was the case in the earlier days of the existence of that Hospital; indeed admission

is often sought from the larger kind of houses, where reasonable accommodation might be thought to exist for home isolation.

The table on page 28 shows the distribution of the cases notified in the several wards.

Comparison of Scarlet Fever Cases, Removals to Isolation Hospital and Deaths from Scarlet Fever.

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Per-centage removed to Hospital	Mort'lity per 1000 population.	Average Mort'lity per 10,000.
1870	37,300		18					·48	7·29
1871	37,670		5					·13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	
1876	39,890		30		22			·75	
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	4·03
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	
1886	45,500		18		84			·39	
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	1·04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95·6	·24	1·15
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3·3	86·1	·13	
1903	75,700	121	5	4·1	110	1·6	90·9	·06	
1904	77,500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3·0	90·3	·01	
1906	83,900	312	5	1·6	286	3·7	91·6	·06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	

I have previously pointed out that the isolation accommodation at the City Hospital is insufficient for the size of the City; and although no pressure on the accommodation has occurred

for the past six years, yet it is highly probable that a more severe epidemic of this disease will occur at no distant date; so that if your Council desire to continue the isolation of this disease it will be necessary that the Hospital accommodation shall be increased.

Small Pox.

No cases of Small Pox were notified during the year.

Vaccination.

The following are the returns of the Vaccination Officer for the nineteen years that have elapsed since the commencement of the anti-vaccination movement in Coventry :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84.1
1890	1544	182	1221	111	79.0
1891	1727	228	587	888	34.0
1892	1718	174	118	1400	6.8
1893	1630	193	105	1304	6.4
1894	1590	170	103	1317	6.4
1895	1629	186	65	1378	3.9
1896	1679	251	594	834	35.3
1897	1928	220	151	1606	7.8
1898	1925	274	105	1545	5.4
1899	1888	203	1125	560	59.5
1900	2207	211	946	1050	42.8
1901	2112	247	1298	567	61.4
1902	2046	180	2076	666	101.4
1903	2169	167	2525	525	116.4*
1904	2306	242	1901	532	82.4
1905	2152	181	1818	643	84.4
1906	2422	240	1748	1031	76.3
1907	2579	210	1880	1070	72.1

* Small Pox prevalent in 1903.

Mr. Wilks, the Clerk to the City Justices, has kindly informed me that during the year 352 applications for exemption from vaccination were made to the Magistrates, all of which were granted. The following are the comparative figures for the years during which the Vaccination Act of 1898 has been in force,—

	Applications made.	Certificates granted.
1898 (last half)	... 981	... 976
1899	... 70	... 70
1900	... 163	... 162
1901	... 163	... 159
1902	... 207	... 207
1903	... 231	... 231
1904	... 219	... 219
1905	... 230	... 230
1906	... 352	... 352
1907	... 406	... 406

Typhoid Fever.

Only four cases of this disease were notified during the year; also there was one notification of a case of Continued Fever. Reference to the table on page 61 will show that this total of notifications of this disease renders the year a record one so far as it is concerned. I consider that the immense diminution of this disease is one of the brightest features in the health statistics for the year.

Of the four cases notified two were admitted to the City Hospital and recovered; the other two cases died. I did not have an opportunity of seeing either of these latter cases, but there was some reason for thinking that there was doubt that either was Typhoid Fever; in one case there was a negative Widal reaction, and there appeared to be other morbid conditions present sufficient to account for death; in the other, no bacteriological examination was made, death took place a month after notification, and the death certificate ascribed the death to "Lobar Pneumonia."

The case notified as Continued Fever was nursed at home and died. There was in addition one case of Typhoid Fever admitted to the Coventry and Warwickshire Hospital from an outside district, who died two days after admission.

Regarding the origin of the two undoubted cases of Typhoid Fever that were admitted to the City Hospital, it is impossible to state with confidence from whence the infection was derived; one of the patients was a nurse from the Coventry and Warwickshire Hospital, and there had been no known cases of this disease in that Hospital for some months. Something is now

becoming known as to the part which "carrier" cases can play in this disease. It is now known not only that a person who has had an attack of the disease may continue to disseminate infection for a year or more after recovery from the illness, but also that a person who has not had the disease can carry the infection in his system and be the cause of illness among others for lengthened periods, just as has been known for years to be the case in Diphtheria. This being the case, it is not a cause for wonder that sporadic or isolated cases are so often not traced to their source.

The Iron Hospital, with 8 beds, at the City Hospital, has been kept available for the reception of this disease during the year.

Diphtheria.

During the year 43 cases of Diphtheria or Membranous Croup were notified, and 10 deaths were registered as due to it.

Since 1902 the prevalence of Diphtheria in this City has been gradually decreasing, and last year's figures show a further decline; the cases were distributed over the City, and occurred in 10 of the 12 wards.

In 37 of the 43 cases applications for serum were received. This shows that the serum is now used in a large majority of the cases. In 35 of the 37 cases the medical men returned certain particulars of the illness, and the result of the use of the Serum.

In the 35 reports received the dose of the serum has varied; in 8 cases 2,000 units were used; in 23 cases 4,000 units; in 3 cases 8,000 units, and in 1 case the amount was not stated. It is probable that the smaller doses are of less benefit than the larger doses; and it appears quite certain that one good dose at once is of much greater use than smaller doses repeated.

The summary of the results is given below:—

Days of illness before use of Serum.	Cases.	Deaths.	Percentage of Deaths.
1	9	0	0
2	7	0	0
3	8	3	37.4
4	1	0	0
5 or more	5	2	40
not stated	5	1	20
	<hr/> 35	<hr/> 6	<hr/>

These figures are small, but they correspond very closely with the results observed in previous years; they illustrate very forcibly the importance of the immediate use of the Serum at the very onset of the illness.

Concerning the remaining 8 of the 43 cases notified, it will probably be correct to assume that no serum was used in most and probably all of these cases; four deaths occurred among these 8 cases, or 50 per cent. died; the fatality among the injected was 17.1 per cent.

Whooping Cough.

Only four deaths were registered as due to this disease; two of these were in infants under twelve months, and two were between one and five years old. Only nine cases alleged to be Whooping Cough were notified from the elementary schools. How very variable is the incidence of the mortality from this disease is shown by the table on page 34.

Erysipelas.

Fifty-nine cases of this disease were notified during the year, and two deaths were registered as due to it.

Puerperal Fever.

There were five cases of this disease notified, and no deaths were registered as due to it. There has only been one other year during the past eighteen years when there have been no deaths from this disease.

The question of the supervision of Midwives is dealt with in a later section of this report.

Tuberculosis.

A report that I presented to your Sanitary Committee on April 16th, dealt with certain ameliorative steps that either are taken or might be taken against the incidence of this disease, and as that report summarises our position in regard to those particular steps, I think it best to reproduce it here :—

EXTRACT FROM REPORT OF MEDICAL OFFICER OF
HEALTH TO SANITARY COMMITTEE, APRIL 16TH, 1907.

The Control of Pulmonary Tuberculosis.

At your last meeting the following letter was read on this subject:—

63, Craven Street,
Coventry, 4th March, 1907.

Re CONSUMPTION.

Dear Sir,

A thoroughly representative meeting of delegates, from the Charity Organization Society and the Philanthropic Institutions of this City, was held at the Craven Arms, Craven Street, on January 17th, 1907, to consider the above question, and at the same time try and formulate some plan whereby this terrible disease could be dealt with and treated in a manner worthy of our progressive and ancient City of Coventry.

It was unanimously resolved that we, a combined body of workers in Philanthropy, who are continually brought face to face with this disease in all its forms and stages, and yet powerless to do more than make a small monetary grant, do approach our City Council Sanitary Committee on the subject, in the hope that they will give this matter their serious consideration, and ask you, Sir, to assist us, by placing this, with the following suggestions, before them.

Notification compulsory.
Disinfection in all cases.
Isolation, where possible.
Provision of a Sanatorium.

Signed on behalf of the Sub-Committee,

Yours respectfully,

JOHN EARNSHAW.

Geo. Sutton, Esq.,
Town Clerk.

Your Committee having referred to me this communication for report, I am herewith reporting on the different suggestions made in that communication.

(1) *Compulsory Notification.*

Notification can only be made compulsory by Act of Parliament. In this country Sheffield and Bolton are the only towns which have obtained powers in this respect by means of local Acts. The experiment that is being made in those towns is being

watched with much interest; and on the result of their experience will probably depend the extension or otherwise of the principle.

It has to be admitted that there are considerable reasons to be urged against the extension of the compulsory principle to this disease; these derive force mainly from the fact that this disease is very different, both in its protracted course and in its small infectivity, from the acute infectious diseases; further, a consumptive person during the greater part of his illness is usually able to follow his employment; in the case of a bread earner for the family this is of great importance; the notification of his illness and the subsequent visit of a sanitary official to his house or factory might be of considerable detriment to him. Against this, of course, must be set the advantage to the community.

So far as this Authority is concerned the adoption of compulsory notification can only be obtained by special Act of Parliament; therefore it cannot be now said to be under discussion.

The question of the adoption of a form of voluntary notification is another matter; this can be adopted at any time.

Many towns have already adopted it, and it has to be confessed that in a large number of them the success met with has been very limited. In any form of voluntary notification, when the medical man is not compelled by law to notify the existence of a certain disease in his patient, he is liable to incur some amount of unpopularity by so doing, especially when his notification is followed by a visit from a sanitary official, which visit may be resented. The effect of this is that the tendency is for only a small proportion of the cases to be notified, and when they are notified they are often in a dying condition, when any visit or advice is useless; in some towns, notably Brighton, Liverpool, and Manchester, considerable success has been met with so far as the proportion of cases notified is concerned.

It must, however, be recognized that the mere notification of the cases will in itself do no good; we must be prepared to visit and give advice by means of leaflet and verbal advice as to the importance of the patient being in a separate bedroom, and as to the infectiousness of the expectoration, etc.; the greatest amount of good would arise if we were also able to offer sanatorium treatment; without this the notification of Consumption can only be of partial value. Hitherto I have not seen my way to recommend that your Authority should adopt the voluntary notification of Consumption, for the reason that I did not see how any additional work could be undertaken by the sanitary staff. Last year, for the first time, I recommended the adoption of a scheme by which the cases of pauper sickness were notified through the Clerk to the Guardians; these returns have enabled us to know of the cases of Consumption among the very poor; only about 13 such cases came to light in the year; these were visited by the Health Visitor, and advice given on the points above mentioned.

I think that a similar course could now be adopted in regard to a larger number of cases if your Committee saw well to adopt

voluntary notification. If this were contemplated I would suggest that the following features should be included in it:—

(a) That medical men should be invited to voluntarily notify cases of Pulmonary Tuberculosis or removals of such cases, such notification to imply that a visit from a sanitary official would not be out of place, or would be appropriate.

(b) Such notifications only to be invited in respect of patients not paupers (these being already known through the Clerk to the Guardians), and to be paid for at the same rate as cases notified under the Infectious Diseases (Notification) Act, viz., 2/6 per case.

(c) The Authority reserving to itself the right to disallow second notifications of the same case. Such second notifications are very liable to arise in a chronic disease like Consumption, where the patient may consult several medical men. Also the Authority reserving the right to disallow fees in the event of cases being notified when nearly moribund; these are cases in which the notifications are useless. Of the deaths we get information in the death returns.

(2) *Disinfection in all cases.*

This is already done in this City. In 1901 I reported to your Committee on a scheme by which disinfection could be compulsorily carried out on the death or removal of a patient. The deaths are known from the weekly returns, and since 1901 this disinfection has been carried out in all cases where the death certificate indicated that the disease was Pulmonary Tuberculosis. Also in that year I communicated with all the medical men practising, pointing out the powers which they possessed under the Public Health Act in certifying that premises after removal or otherwise of a patient should be disinfected. I also furnished the medical men with forms on which to certify. Since that date quite a number of houses have been disinfected on the initiative of private medical practitioners. No fees have been paid for these certificates.

(3) *Isolation where possible.*

(4) *Provision of a Sanatorium.*

These may be treated under one heading.

There are two classes of cases for which provision is desirable in the way of Hospital accommodation:—

(a) The cases in an early stage, when a stay in a properly appointed sanatorium for two or three months may be of great benefit.

(b) The cases in a late stage, who would be willing to go to a hospital partly for the protection of others, and partly that the severity of their illness might be mitigated so far as possible.

The proper dealing with these two classes involves the provision of two separate hospitals. The provision of the first class of hospital for the curable would probably be the most valuable. It would certainly be the one on which there would be the greater demand; for in practice it is found that in the late stage of this disease, where poverty does not prevent it, few people are willing to allow their

sick relatives to leave them in the last stages of life. Where poverty enforces it the provision of such accommodation to some extent may be expected to fall within the province of the Guardians.

I will confine my attention therefore to the possibility of providing hospital accommodation for the curable or possibly curable; and to this matter I have given very serious thought on account of its importance.

(a) In some towns, *e.g.*, Brighton, Leicester, and others, where the size of the ordinary Isolation Hospital has permitted it, in non-epidemic times one pavilion of the hospital has been set aside for the reception of Phthisis cases; as a rule it has been intended that the stay in this hospital should be of a short duration, if possible not more than a month; the main object of the stay has been of an educative character. The patient is there trained in habits conducive to his welfare, such as living in the open air, and sleeping in rooms supplied with as much fresh air as possible, and other matters.

I regret that I am not able to recommend that such a course should be tried in Coventry. The present City Hospital is too small for the size of the town, and even in non-epidemic times a pavilion is rarely at liberty for any sufficient time to make the experiment possible.

The only way by which this could be done would be by building a special pavilion at the City Hospital grounds for this purpose.

The suggestion that such a pavilion should be in the same grounds instead of forming a separate hospital is made, not because it is entirely the best, but because the administrative expenses of carrying on a separate hospital would be economised, and also because the pavilion could be used for other purposes when required.

(b) The possibility of utilising the Pinley Hospital for this purpose has been well considered by me. It is built to accommodate 18 patients. There are probably always about 200 cases of Phthisis in this City; only a small number of these would at one time desire sanatorium treatment, and the Pinley Hospital would probably be large enough to meet the demand. The Pinley Hospital, although on a fine site, is very restricted so far as its grounds are concerned; this would be a disadvantage for a consumptive patient; further, it has to be remembered that the carrying on of a separate small hospital of this kind is a very expensive matter; the smaller the hospital, as a rule, the greater the expense per bed.

The medical attendance at such an institution is also an item which would have to be considered. A resident medical officer would probably be necessary. The present house accommodation is insufficient to hold the nursing and domestic staff when the hospital is full; additional house accommodation would certainly be required if there were to be a resident medical officer. As regards the expense of a resident medical officer—if he were given the title of Assistant Medical Officer of Health, and allowed to assist in the Health Department—one could be obtained for from £100 to £150 a year, with board and lodging. The fact of being styled Assistant Medical Officer of Health would be an inducement for one seeking public health experience.

These alternatives I have suggested first, not because I think them the best, but because they are more practicable suggestions, so far as your Authority is concerned, than certain other better ones.

(3) A very much better scheme was suggested to the County Council of Warwickshire, when they were asked some years ago to convene a joint meeting of their own Council and of the two County Boroughs of Birmingham and Coventry to consider the provision of a joint Consumption Hospital. This the County Council declined to do. A joint hospital of this character would be constructed and carried on on much more economical lines than several smaller hospitals.

(4) At the present time the Health Committee of Birmingham are recommending their Council to purchase a house and 360 acres of land upon the Cotswold Hills, near Cheltenham; by additions to the present building it is proposed to make accommodation for 40 patients. It is estimated that the capital outlay will be £17,000, and the annual expense of maintenance £3,000.* If this scheme is carried out it may well be thought of that the sharing of Coventry in the scheme, paying proportionately for a certain number of beds, would be cheaper and better than the provision of a separate small hospital.

(5) The provision of a special hospital requires mention. The administrative expense of a small hospital is great. Some of the sanatoria that have been constructed have been built on a very lavish scale, costing from £800 and more per bed; the money in these cases has been provided by private munificence. I learn on high architectural authority that plain and sufficient buildings can be erected at £100 per bed.

The objects to be obtained by the construction of sanatoria have to be borne in mind. Phthisis in this country is decreasing. If it continues to decrease during the next 50 years at the same rate that it has decreased during the past 50 years the disease will be as rare as leprosy. The construction of sanatoria is one means by which this decrease can be hurried.

E. H. SNELL.

April 16th, 1907.

* Since this Report was written this Recommendation has been approved by the Birmingham City Council.

Consequent on that report your Sanitary Committee decided to recommend your Council to adopt a form of voluntary notification of Pulmonary Tuberculosis. This fact I communicated to the medical men practising in the City by the following circular letter:—

Public Health Department,

Offices: 10a, Hay Lane,

27th April, 1907.

Dear Sir,

I am instructed by the Sanitary Committee to inform medical men practising in this City that they are now invited to notify me

cases of Pulmonary Tuberculosis or *removals of such cases*. Notification of pauper cases is not requested, as these are already known.

Cases so notified will be visited by an official of this Department, and printed or verbal advice will be given as to (a) the necessity of the occupation by the patient of a separate bed in a separate bedroom, (b) the best method of disposal of the sputum, (c) the necessity of open windows, and of cleanliness and other similar matters.

The notification of a case by a medical man will therefore be taken to imply that he raises no objection to a visit of this kind, and that the visit would not be inappropriate.

It is clear that the notification of moribund cases, and repeated notifications of the same case (unless removed to a new address) are useless; it is therefore requested that medical men will, as far as possible, avoid such notifications, as they are valueless, and indeed are not asked for by the Sanitary Committee.

As the examination of Sputum for Tubercle Bacilli is now undertaken for medical men at the expense of this Department, the avoidance of errors of diagnosis is easy.

Much labour will be saved, and preventive efforts will be concentrated in the best direction, if medical men avail themselves of this aid to diagnosis prior to notification.

The Sanitary Committee have given instructions that notifications such as those indicated in this letter shall be paid for at the rate of 2/6 per case.

Although these notifications are voluntary, and not made under the Infectious Disease (Notification) Act, it will be most convenient if they are notified on the ordinary notification form used under that Act.

I am,

Yours faithfully,

E. H. SNELL,

Medical Officer of Health.

As a result of this voluntary form of notification, during the eight months of the year when it was in force, 54 cases of Pulmonary Phthisis were notified by medical men; 25 notifications were contained in the returns of pauper sickness.

Visits to these cases have been paid by the Health Visitor. The repetition of visits has not been made as much as was to be desired, for the reason that the multifarious other duties of the one Health

Visitor have rendered this impossible. In connection with the compulsory regular medical inspection of school children, which comes into force this year, I have presented a report to the Elementary Education Sub-Committee, which, if carried into effect, will lead to the appointment of additional Health Visitors, and a re-arrangement of their duties. The visits to the poorer consumptive patients should then receive more attention.

The points on which the Health Visitor gives instruction are enumerated in the circular letter to medical men on page 47. In addition she leaves the following leaflet:—

CITY OF COVENTRY.

ADVICE CONCERNING CONSUMPTION.

- (1) Consumption, or Tuberculosis of the Lungs, in its early stage is curable. The most effective remedy has been found to be fresh air and sunshine. The windows of a patient's room should therefore be open as wide as it is possible to bear them both day and night in all weathers.
- (2) Consumption is an infectious disease. Those brought into intimate association for a length of time in the home or the workshop with the consumptive person are liable to contract the disease. The most effective preventative of infection is fresh air. All persons should endeavour to acquire the habit of living in rooms with the windows open both day and night in all weathers.

With a little practice it will be found that there are few days—even in this climate—when this cannot be done without inconvenience.

Owing to the infectious nature of the illness the patient should have a separate bed and bedroom.

- (3) The phlegm or expectoration coughed up contains the infectious matter. It is necessary, therefore, that care should be taken in the disposal of this. It should not be coughed out *anywhere*. Pocket spittoons will be found useful; these should be emptied either into a fire or down a drain and washed out with boiling water.

If the expectoration be received into a handkerchief, the best kind of handkerchief is the Japanese paper one; these can be obtained quite cheaply through any chemist, and are

CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1851

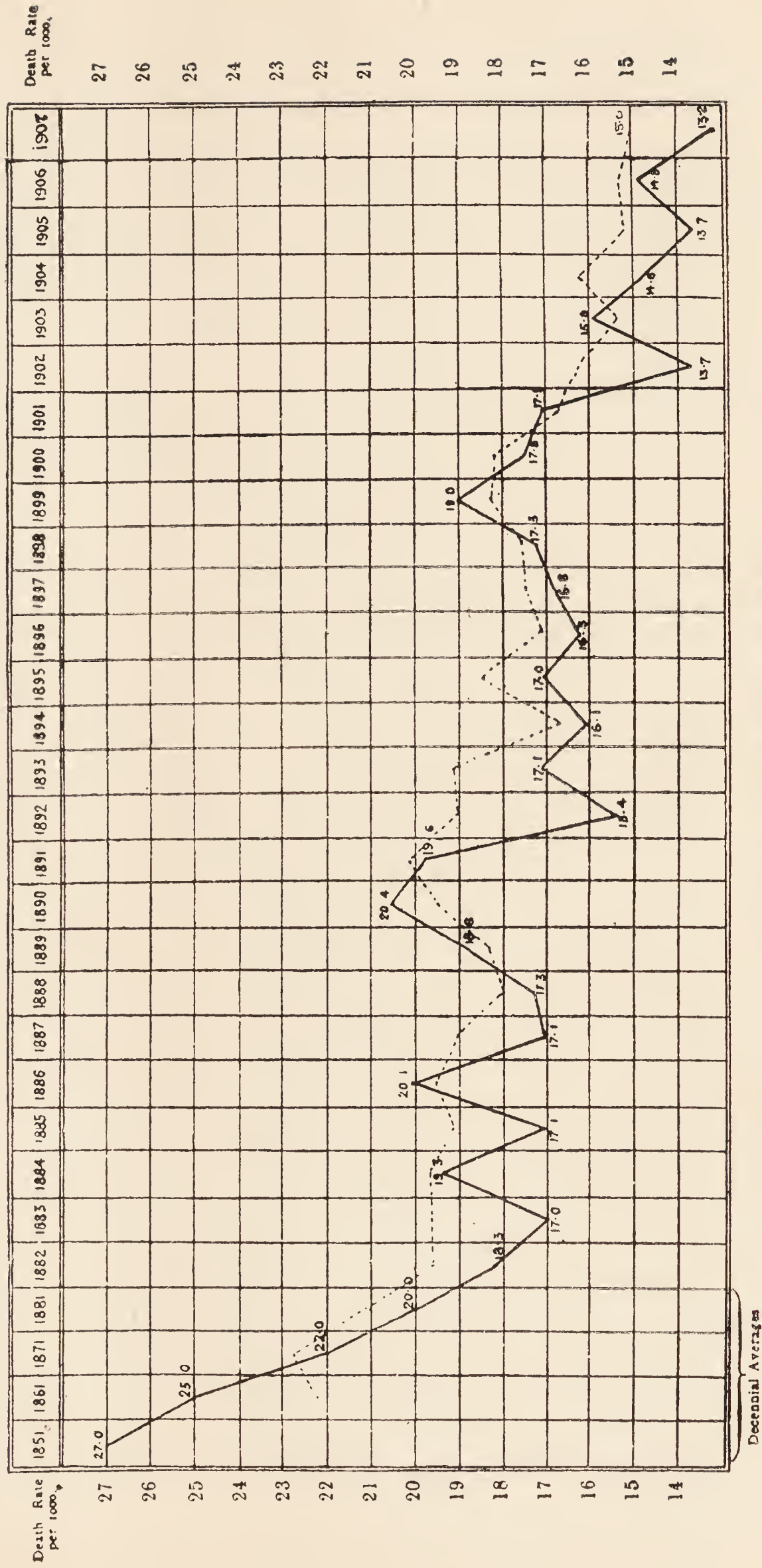
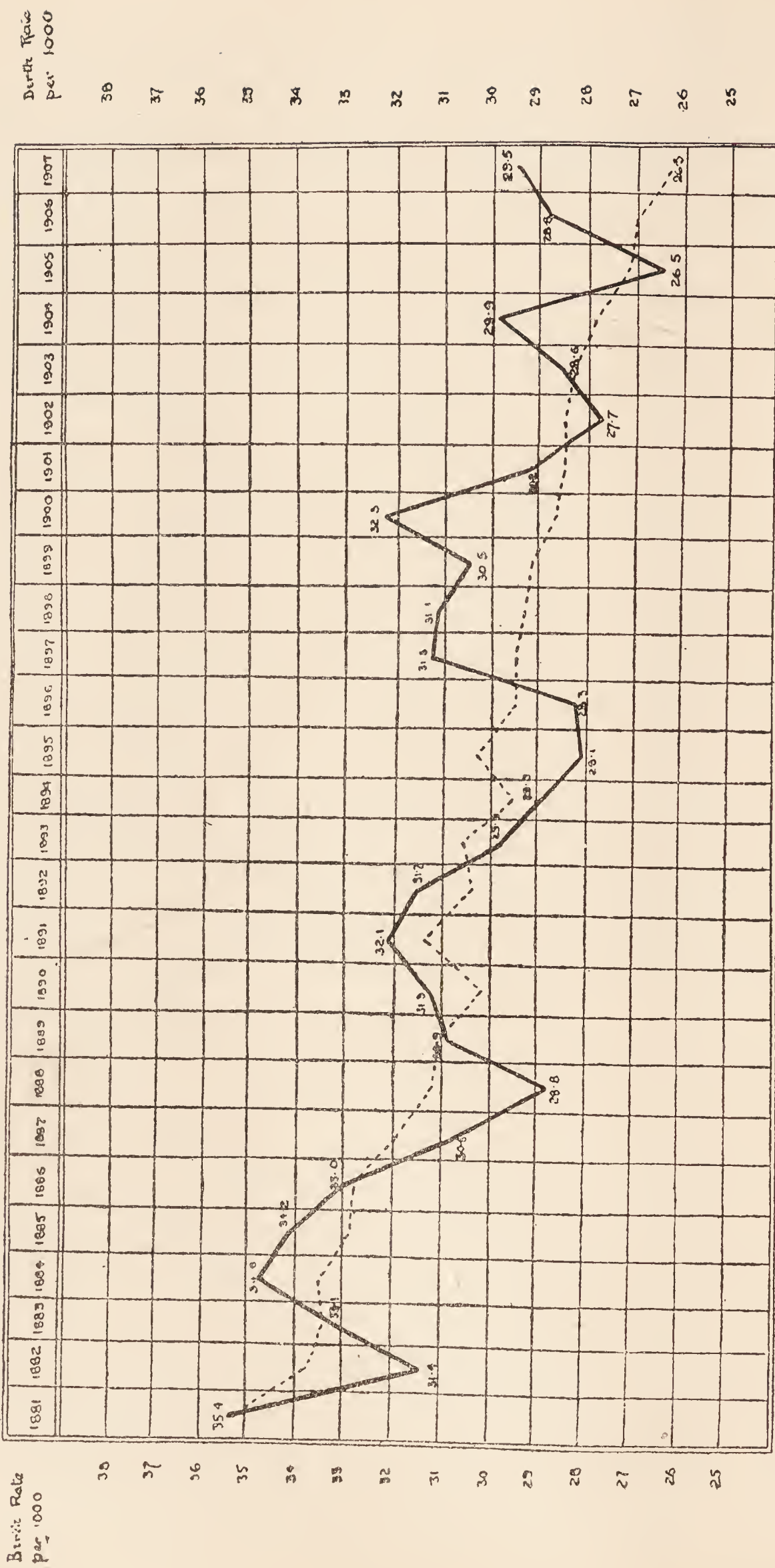


CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1871.



Dotted line indicates Birth Rate for England and Wales

to be burnt after use; if ordinary handkerchiefs are ever used, they should be boiled before they become dry or placed in a disinfectant fluid.

- (4) It is especially necessary in a house where there is a consumptive patient that dust should be reduced to a minimum; dusting should therefore be carried out every day with *damp dusters*, and the floor washed once a week or oftener. Carpets and bed hangings are best avoided in the patient's bedroom.

E. H. SNELL, M.D.,

Medical Officer of Health.

Public Health Department,

10a, Hay Lane, Coventry.

The question of providing a sanatorium has also been considered by your Sanitary Committee; the most feasible scheme appeared to them to be a combination for this purpose with some other Authority. Up to the present no success can be recorded in the attempts that have been made in this direction.

In regard to the value of Sanatorium Treatment for this disease, there can be little doubt that in some cases, where the diagnosis is made early, and treatment is adopted early, beneficial results are obtained, and perhaps cure; even in later stages of the disease some improvement may be obtained; the improvement is, however, not necessarily permanent. It is needful to bear the fact in mind that a sanatorium will not act as a specific and permanent cure in all cases, in order that too sanguinary^e hopes may not be raised as to its benefits. This fact is clearly brought out in a voluminous report which, during the writing of this report, has been issued by the Local Government Board "On Sanatoria for Consumption and Certain Other Aspects of the Tuberculosis Question." This report, which occupied five years in its production, places at our disposal the fullest information as to what is known on this matter.

The table given on page 50 shows that the actual number of deaths from Phthisis in the year was in excess of previous years, and the Phthisis death rate has been slightly above what it has been in the last few years. This raises the death rate from all forms of Tuberculosis; though the average for the past four years shows the gradual diminution of the mortality from this disease, which has been steadily taking place during the past half-century.

Certain particulars concerning 94 of the deaths from Phthisis were obtained; these particulars were as under:—Concerning the occupations of these, the numbers in the several occupations were as follows:—Housewives, 25; machinists, 17; no occupation, 16; each of the following occupations had two each:—publicans, labourers, silk dyers, iron moulders, hawkers, weavers, and sand blasters; and each of the following one each:—Fish-dealer, designer, furniture remover, tin-plate worker, postman, ribbon manufacturer, iron driller, musical instrument dealer, clerk, auctioneer, baker, fruiterer, ice-cream vendor, cycle enameller, watchman, newsagent, engraver, blacksmith, watchmaker, carpenter, printer and engine fitter.

Deaths from Tuberculosis during the last 34 years.

Year.	Esti- mated Popu- lation.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuber- culosis.	Totals.	Tuber- culosis. Death Rate.	Averages. Tuber- culosis. Death Rates.
1874*	39,000	38	1.94	12	50	2.56	2.53
1875	39,446	83	2.14	34	117	2.96	
1876	39,890	70	1.76	22	92	2.30	
1877	40,344	66	1.63	29	95	2.35	
1878	40,778	84	2.06	13	97	2.37	
1879	41,222	89	2.15	22	111	2.68	2.15
1880	41,666	78	1.87	36	114	2.74	
1881	42,111	65	1.54	28	93	2.20	
1882	42,750	62	1.47	22	84	1.96	
1883	44,000	74	1.78	15	89	2.02	
1884	44,500	82	1.84	18	100	2.24	1.93
1885	45,000	72	1.60	16	88	1.74	
1886	45,500	60	1.31	13	73	1.60	
1887	46,500	70	1.50	25	95	2.04	
1888	47,500	61	1.28	15	76	1.60	
1889	48,500	103	2.12	11	114	2.33	1.82
1890	49,500	91	1.84	21	112	2.26	
1891	52,724	78	1.47	14	92	1.74	
1892	54,000	79	1.46	33	112	2.07	
1893	54,700	70	1.28	30	100	1.82	
1894	55,300	73	1.32	32	105	1.88	1.72
1895	56,000	70	1.25	27	97	1.73	
1896	59,151	86	1.45	19	105	1.78	
1897	61,234	69	1.12	33	102	1.66	
1898	61,555	64	1.03	28	92	1.49	
1899	61,796	85	1.37	29	114	1.84	1.47
1900	70,075	105	1.49	36	141	2.01	
1901	70,300	83	1.18	35	118	1.67	
1902	73,000	81	1.10	39	120	1.64	
1903	75,700	87	1.15	43	130	1.71	
1904	77,500	78	1.00	30	108	1.39	1.47
1905	81,000	75	.92	29	104	1.28	
1906	83,900	88	1.04	40	128	1.51	
1907	87,000	108	1.24	42	150	1.72	

* Latter half of year only.

Concerning the duration of the illness: in 4 cases it was under 6 months, in 16 it was between 6 months and 1 year, in 30 it was between 1 and 2 years, and in 44 cases it was over 2 years.

The cough had lasted, according to the history obtained in 11 cases, for less than 6 months, in 25 for between 6 and 12 months, in 29 for between 1 and 2 years, and in 29 for over 2 years.

The length of this disease in the majority of the cases as indicated in these figures has to be borne in mind in the matter of sanatorium treatment. The treatment of such a disease in hospital is very different to the treatment of the acute infectious illnesses.

The confinement to bed in 31 cases was a week or less; in 9 instances it was over 1 week and less than 2 weeks; in 28 between 2 and 4 weeks; in 11 between 1 and 2 months; and in 13 over 2 months.

The rent of the houses occupied is some indication of the size, and therefore of the airiness of the houses; in 12 cases the rent was £20 a year or over; in 29 from 6/- to 8/6 per week; in 27 from 4/6 to 6/- per week; and in 26 cases it was under 4/6 per week. The cases not enquired into were cases where death occurred in the Workhouse; had these been included it is clear that the deaths which should be attributed to the very smallest houses would be increased.

A similar feature is brought out by the number of bedrooms in the houses; in no less than 39 of the cases the bedrooms numbered either 1 or 2; in 39 other cases the bedrooms numbered 3; in 12 cases there were 4 bedrooms; in 2 cases 5 bedrooms; and in 2 cases 6 bedrooms. In no less than 20 cases the houses were not through ventilated.

Such figures as the above are too small for the framing of general conclusions, but they point towards the fact that it is the poorer people who live in the smaller and generally poorer houses who are the most prone to this disease.

THE SECOND INTERIM REPORT OF THE ROYAL COMMISSION ON HUMAN AND BOVINE TUBERCULOSIS.

Concerning this I reported, on February 19th, to your Sanitary Committee as follows:—

“At your last meeting your Committee instructed me to report to you concerning the above report.

This Royal Commission was appointed in August, 1901, on account of a startling announcement that was made the previous month by Professor Koch, of Berlin, at the International Congress on Tuberculosis, held in London. That statement was to the effect that in his opinion human and bovine tuberculosis were not the same disease.

This was quite contrary to the generally accepted belief. The general belief was that they were the same disease, and that the disease could be communicated to man through the consumption of tuberculous milk or tuberculous meat.

If Professor Koch were right, then all the health authorities in the country were wrong, and had been wrongly advised in taking precautions against the consumption of milk or meat from tuberculous animals. The matter was one calling for full and immediate investigation. That the urgency was recognized is shown by the fact that before the lapse of another month the Royal Commission was appointed.

In May, 1904, the Commission issued a short first Interim Report foreshadowing some of their conclusions, the most important of which was, that they found that tubercle of human origin can give rise in the bovine animal to tuberculosis.

Although the matter was urgent the investigations have been of a tedious and laborious character, and from their very nature they could not be hurried. Even now they are not completed, but the results arrived at are sufficiently conclusive to warrant the Commission in issuing a second Interim Report—that now published.

The experiments have dealt only with human and bovine tuberculosis, and the Commission propose to prolong their investigations into the character of the disease as manifested in pigs and certain other animals.

The investigations have consisted of inoculation and feeding experiments on guinea pigs, rabbits, pigs, goats, dogs, cats, rats, calves, monkeys, and, lastly, anthropoid apes (which so nearly resemble man); also minute studies have been conducted into the physiological characters and cultural characters of the tubercle bacillus as found in man and other animals."

The conclusions at which the Commission has arrived at are given by them in the following words.

“ We may briefly sum up the bearings of the results at which we have already arrived as follows :—

There can be no doubt but that in a certain number of cases the tuberculosis occurring in the human subject, especially in children, is the direct result of the introduction into the human body of the bacillus of bovine tuberculosis; and there also can be no doubt that in the majority at least of these cases the bacillus is introduced through cows' milk. Cows' milk containing bovine tubercle bacilli is clearly a cause of tuberculosis, and of fatal tuberculosis in man.

Of the sixty cases of human tuberculosis investigated by us, fourteen of the viruses belonged to Group I., that is to say, contained the bovine bacillus. If, instead of taking all these sixty cases, we confine ourselves to cases of tuberculosis in which the bacilli were apparently introduced into the body by way of the alimentary canal, the proportion of Group I. becomes very much larger. Of the total sixty cases investigated by us, twenty-eight possessed clinical histories, indicating that in them the bacillus was introduced through the alimentary canal. Of these thirteen belong to Group I. Of the nine cases in which cervical glands were studied by us, three, and of the nineteen cases in which lesions of abdominal tuberculosis were studied by us, ten belong to Group I.

These facts indicate that a very large proportion of tuberculosis contracted by ingestion is due to tubercle bacilli of bovine source.

A very considerable amount of disease and loss of life, especially among the young, must be attributed to the consumption of cows' milk containing tubercle bacilli. The presence of tubercle bacilli in cows' milk can be detected, though with some difficulty, if the proper means be adopted, and such milk ought never to be used as food. There is far less difficulty in recognizing clinically that a cow is distinctly suffering from tuberculosis, in which case she may be yielding tuberculous milk. The milk coming from such a cow ought not to form part of human food, and indeed ought not to be used as food at all.

Our results clearly point to the necessity of measures more stringent than those at present enforced being taken to prevent the sale or the consumption of such milk.”

It is not possible in a report such as this to set forth the steps by which these conclusions have been arrived at; the conclusions, however, are of immense importance.

Cerebro-Spinal Fever.

Owing to the prevalence of this disease in certain parts of these islands, I presented the following report to your Sanitary Committee on February 16th, 1907 :—

“ In 1905 this disease was alarmingly prevalent in Silesia and some parts of the United States. On that account the Local Government Board issued a Memorandum setting forth the known features of the disease; they pointed out that there was no reason to suppose that the disease would at that time occur in this country, but as a precautionary measure they suggested that local authorities should distribute that Memorandum to the medical men of their districts, so that the disease should be at once recognized if it did appear. Your Committee adopted this course, and on your instruction I forwarded copies of the Memorandum to the medical men practising in the City.

The history of this disease cannot be traced back for a long time for the reason that until the last century it had not been properly differentiated.

The first well ascertained epidemic seems to have been in 1805 in Geneva. In 1806 it appeared in the United States, and continued to prevail there for ten years. During the first half of last century it was observed from time to time in different towns of France and Italy, also Algeria, Spain, and Denmark. In 1854 and for seven years afterwards it raged in Sweden, destroying more than 4,000 persons in that country.

From 1861 to 1864 it showed itself in various parts of the United States. In 1863 it broke out in Germany. From that time it has never ceased to show itself at intervals of a few months or longer in some part of that country.

The United Kingdom has hitherto been remarkably free from the disease, though in 1864 it appeared in many of the workhouses in Ireland; in 1866-68 a very fatal type of it prevailed in Dublin. Until the last few months I believe its appearance in Scotland has never been recorded. In England it has only appeared in the form of a few isolated and small epidemics in certain provincial towns and villages.

In 1904 two fatal cases of the disease were recorded in

Coventry; one of these—through the courtesy of the medical attendant—I was able to see.

The recent sudden and alarming appearance of the disease in Dublin and Glasgow, and various other places, and its reported occurrence at Longton, Wolverhampton, and Chesterfield, suggest that if it is possible to take any steps to anticipate its arrival, these steps should be taken.

Unfortunately little is known concerning the method of spread of the disease. It is known that it occurs in epidemics, and that separate or sporadic cases occur apart from epidemics. It is known that the symptoms are due to an inflammation of the membranes around the brain and spinal cord, and that in the fluid enclosed by the membranes—the cerebro-spinal fluid—a distinctive bacillus can generally be found; the examination of this fluid for this bacillus facilitates the diagnosis of the disease.

Whether ordinary “disinfection” of premises is of any use in controlling the spread of the disease is not known.

It is certain, however, that it is desirable that the occurrence of cases should be recognized early, and that the Sanitary Authority should know of them.

I would therefore suggest that copies of the Memorandum of the Local Government Board should be again distributed to the medical men of the City, and that the disease should be made a notifiable one under the Infectious Diseases Notification Act.”

On the recommendation of your Sanitary Committee your Council decided to make the disease a notifiable one under the Infectious Disease Notification Act. The Local Government Board indicated their desire that the compulsory notification should only be for a limited period; accordingly your Council decided that this period should be for six months.

No cases of the disease were notified in that time in the City.

Cancer.

During the year 39 deaths were attributed to the different forms of malignant disease. In the death returns these were designated as follows :—

Cancer	...	...	...	5
Scirrhus	...	...	...	3
Carcinoma	...	...	...	15
Epithelioma	...	...	...	7
Sarcoma	...	...	...	2
Malignant Disease	...	...	...	7

The frequency with which the different parts of the body were affected was as follows :—Tongue, 2; Tonsil, 1; Mouth, 2; Jaw, 1; Larynx, 1; Œsophagus, 2; Stomach, 3; Intestines, 4; Rectum, 7; Bladder, 1; Uterus and Appendages, 3; Abdomen, 1; Liver, 3; Breast, 3; Shoulder, 1; Skull, 1; Skin, 1; and not stated, 2.

The variations that occur in the deaths from malignant disease are shown by the following figures :—

1900	...	48	1904	...	63
1901	...	67	1905	...	52
1902	...	42	1906	...	72
1903	...	70	1907	...	39

Alcoholism.

Five deaths were registered during the year as due to Acute Alcoholism, 18 others to Cirrhosis of the Liver: alcohol is generally the cause of this disease. Four children were overlain in bed. We have not sufficient information to enable us to express in figures the number of those deaths from violence and accident which are more or less directly due to alcohol.

Other Causes of Death.

I am appending to this report an extended schedule of the causes of, and ages at, death of those deaths properly belonging to the City which occurred during the year. This gives more detailed information in regard to the causation of death, and is divided into smaller age groups than the table on page 29. No less than 47 deaths were attributed to accident or negligence, including those due to suicide. In nine cases the cause of death specified was so ill-defined that it was impossible to classify them.

Uncertified Deaths.

These are deaths in which no medical certificate is forthcoming, and concerning which no inquest is held. It is open to a Registrar, when no medical certificate is presented concerning any death, to accept the information given by an informant, and to assign a probable cause of death on the information

given; if he thinks that there is reason for so doing, or if for any reason he demurs to taking the responsibility for issuing a certificate for burial, he can refer the case to the Coroner. If the Coroner does not consider that an inquest is called for he issues authority for burial. Twenty such cases of uncertified deaths occurred in the year.

Still-Births.

I am informed by monthly returns that have been kindly supplied me by the Superintendent of the Cemeteries, that 104 bodies of children said to have been stillborn were interred in the cemeteries during the year. Of these 75 were certified by medical men to have been still-born. Thirty-seven notifications of still-birth have been received from midwives.

I have previously drawn attention to the absence of any compulsory registration of still-births, and I have stated that this furnishes potentialities for the criminally disposed. This will probably be appreciated when I state that there is no necessity for children alleged to be still-born to be buried in any regular way or in any regular place. The bodies can be disposed of in any way desired. Even if buried at a cemetery no medical certificate is required. A statement on any scrap of paper, signed by anyone, to the effect that the child was still-born, is sufficient to enable burial to take place.

When I last drew attention to this matter, it appeared that my suggestion that the system afforded potentialities for the criminally disposed was received with some amount of incredulity. I am therefore appending an

EXTRACT FROM THE REPORT OF THE SELECT COMMITTEE OF THE HOUSE OF COMMONS ON DEATH CERTIFICATION, 1893.

“It would appear from the evidence that the certificates which are regarded as sufficient authority for burial of still-born children in public burial grounds are far from being satisfactory. Any person can make a statement in writing that a child is still-born, and if the undertaker can be induced to accept the certificate—and it practically rests with him to decide as to its sufficiency—burial would take place. Persons interested in hiding a crime could of course give such certificates, and a certificate

from the mother of an illegitimate child would be regarded as sufficient authority for burial. Mr. Hicks stated that he had reason to think that certificates in these cases were largely given by unauthorised persons.

The facilities that exist for the disposal of bodies of children said to be still-born without the production of scientific evidence of still-birth, afford opportunities for easily getting rid of the bodies of children who have lived and have met their death by foul means. There is reason from the evidence to think that a great number of cases of crime are concealed under statements that children are still-born. Any person who cares to incur the risk of a penalty of £10 can give a certificate of still-birth in a case in which a child's death has been effected by violence or neglect, and apparently there would be little chance of detection.

In the case of illegitimate children, the fact that a still-birth has not to be registered, coupled with the desire for secrecy, is an inducement for a certain class of midwives to ensure that the child be still-born. In the Return entitled 'Still Births, England and other Countries,' recently issued, the following statement is made, page 3, Section 1, paragraph 7, 'Where there is no procuring of abortion, the killing of a child in the act of birth, and before it is fully born, is not an offence by the present law, although, if injuries are inflicted before birth which cause the child's death after birth, the law of murder applies.' If this be a correct statement of the law, it requires revision.

Apart from the desire to hide crime, which may be an inducement to attempt the burial as still-born of a child that has lived, there is further inducement in the fact that a considerable saving in funeral fees may be effected by burying a child as still-born. It appears that the difference in the expense of burial in these cases varies from 1s. 6d. to upwards of 7s. 6d. A saving of a few shillings is a consideration to many people, and is no doubt the reason for much misrepresentation in this matter. If the fees payable for the interment of a still-birth and a child which has lived one week were assimilated, the reason for this would disappear.

A study of the evidence submitted to them in connection with the subject of still-births, has convinced your Committee that the

absence of legal requirement that such births should be registered prior to disposal of the bodies is fraught with very serious danger to child life."

Inquests.

Eighty-six inquests appear to have been held during the year. These included three deaths in the Coventry and Warwickshire Hospital of non-residents. In 36 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, were the following:—Alcohol, 5; cold and exposure, 3; drowning, 4; burns and scalds, 6; violence or injuries, 23; overlaying, 5; improper feeding, 1; inattention at birth, 1; suffocation, 2.

BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Last year was the first complete year during which in this City facilities were placed at the disposal of medical men for having bacteriological examinations made in doubtful cases of Typhoid Fever, Diphtheria, and Phthisis.

The extent to which these facilities were taken advantage of is set out in the following table:—

	Samples sent.	Result positive.	Result negative.
Typhoid Fever	... 8	2	6
Diphtheria	... 27	11	16
Phthisis	... 38	23	15

There are considerable advantages to the community in facilitating the early diagnosis of such diseases.

Of the above specimens sent, 19 were sent from the City Hospital. The examination of swabs from Diphtheria cases is of particular importance at the supposed termination of the illness, for it not infrequently happens that the infectivity remains for a considerable time after all symptoms of illness have disappeared.

Use has also been made by me of the above arrangement in cases of suspected Ringworm seen by the Nurse in the schools; she has been instructed to take samples of hair from cases that appeared to her to be likely to be Ringworm; the subsequent examination confirms or negatives the suspicion, and steps for exclusion can be taken accordingly.

Weekly Returns under the Infectious Disease (Notification) Act, 1889.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhus Fever.	Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.
1907.											
January 5	1	..	..	..	..	..	..	..
„ 12	..	4	..	..	..	1	..	..	..	..	3
„ 19	..	4	1	..	..	..	..	..	..	..	..
„ 26	..	8	..	..	..	..	..	..	..	..	1
February 2	..	6	..	..	..	..	..	..	..	..	..
„ 9	..	7	..	..	..	..	..	..	..	..	2
„ 16	..	3	..	..	..	..	1	..	..	..	2
„ 23	..	3	..	..	..	..	..	..	..	..	4
March 2	..	2	..	..	..	..	..	..	1	..	..
„ 9	..	2	1	..	..	..	..	..	..	..	..
„ 16	..	3	..	..	..	..	..	..	..	..	1
„ 23	..	3	1	..	..	..	..	..	..	..	2
„ 30	..	3	2	..	..	..	..	..	..	..	4
April 6	..	6	4	..	..	..	..	..	..	..	..
„ 13	..	7	2	..	..	..	..	..	..	..	3
„ 20	..	8	2	..	..	..	..	..	..	..	..
„ 27	..	9	..	..	..	..	..	..	..	..	1
May 4	..	4	..	..	..	..	..	..	..	..	..
„ 11	..	10	1	..	..	..	..	..	..	..	3
„ 18	..	5	1	..	..	..	..	..	..	..	2
„ 25	..	3	1	..	..	..	..	..	..	..	..
June 1	..	9	1	..	..	1	..	..	1	..	5
„ 10	..	7	..	..	..	..	..	..	2	..	1
„ 15	..	2	..	..	..	..	..	..	..	..	1
„ 22	..	11	..	..	..	..	..	..	..	..	1
„ 29	..	7	1	..	..	..	..	..	..	..	..
July 6	..	6	1	..	..	..	..	..	..	..	..
„ 13	..	14	..	..	..	..	..	..	..	..	3
„ 20	..	9	..	..	..	..	..	..	..	..	..
„ 27	..	9	1	..	..	..	..	..	..	..	..
August 3	..	8	2	..	..	..	..	..	..	..	1
„ 10	..	1	..	..	..	..	..	..	..	..	1
„ 17	..	5	..	..	..	..	..	..	..	..	..
„ 24	..	1	..	..	..	..	..	..	..	..	1
„ 31	..	3	..	..	..	..	..	..	1	..	2
September 7	..	3	..	..	..	..	..	..	..	..	2
„ 14	..	2	..	..	..	..	..	..	..	..	..
„ 21	..	2	1	..	..	..	..	..	..	..	1
„ 28	..	2	1	..	..	..	..	..	..	..	1
October 5	..	5	1	..	..	..	..	..	..	..	..
„ 12	..	5	1	..	..	..	..	..	..	..	1
„ 19	..	3	1	..	..	..	..	..	..	..	1
„ 26	..	4	1	..	..	..	..	..	..	..	1
November 2	..	4	..	1	..	..	..	..	..	..	2
„ 9	1
„ 16	..	2	2	..	..	..	..	..	..	..	1
„ 23	..	2	..	..	..	1	..	..	..	..	1
„ 30	..	7	2	..	..	..	..	..	..	..	1
December 7	..	2	2	..	..	..	..	..	..	..	..
„ 14	..	4	2	1	..	..	..	..	..	..	..
„ 21	..	5	1	1	..	1	..	..	..	..	..
„ 28	..	2	1	1	..	..	..	..	..	..	2
„ 31	..	1	..	..	..	..	..	..	..	..	..
TOTAL	..	247	38	5	..	4	1	..	5	..	59

1907.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Group.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1841	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	...	...	20

The City and Pinley Isolation Hospitals.

During the year the City Hospital has been used for the isolation of Scarlet and Typhoid Fever patients, and the Pinley (Small Pox) Hospital has received no patients.

At the City Hospital 283 patients have been under treatment; 27 patients were remaining in at the beginning of the year, and 256 were admitted during the year; of this latter number 11 were sick staff, and the remaining 245 were patients actually admitted. The whole of these were from the City of Coventry, with the exception of 14 cases of Scarlet Fever that were admitted from the Meriden Rural District.

During the year 368 visits were paid to the City Hospital. Also I have visited 25 doubtful cases of infectious disease at their own homes, sometimes at the request of medical men, and sometimes in connection with the question of school attendance.

DISEASE.	In Hospital Jan. 1, 1907.	Admitted 1907.	Total	Recovered.	Died.	In Hospital Jan. 1, 1908.	Fatality per cent.
Scarlet Fever	26	239	265	238	4	26	1.7
Diphtheria and Scarlet Fever..	..	1	1	..	1	..	..
Typhoid Fever	1	2	3	3	..	..	..
Varicella .. ..	..	2*	2	2	..	..	..
Bronchitis .. ..	..	1	1	1	..	..	..
Sick Staff—							
Tonsillitis .. ..	..	6	6	6	..	..	..
Cellulitis .. ..	..	1	1	1	..	..	..
Subacute Rheumatism .. ..	..	1	1	1	..	..	..
Diphtheria .. ..	..	1	1	1	..	..	..
Catarrh .. ..	..	1	1	1	..	..	..
Anæmia .. ..	..	1	1	1	..	..	..
	27	256	283	251	5	27	1.9
	283			283			

*One of these was admitted as Scarlet Fever.

The several parts of the Hospitals were open during the following lengths of time :—

City Hospital	North Pavilion	-	-	198 days.
	South „	-	-	175 „
	West „	-	-	343 „
	East „	-	-	206 „
	Iron Hospital	-	-	123 „
Pinley Hospital	-	-	-	0 „

The average period of stay of those patients who were admitted during the year to the City Hospital was 47.2 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	53	31.1	15
Pinley Hospital	0	0	0

The comparison of these figures with those of previous years is given below :—

CITY HOSPITAL.

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1894	132	37	4
1895	99	58	30
1896	89	45	10
1897	65	33	12
1898	75	41	15
1899	86	40	16
*1900	129	88.9	45
*1901	107	58.2	30
1902	45	35	24
1903	49	15.9	3
1904	62	28.9	7
1905	65	36.5	16
1906	53	40	27
1907	53	31.1	15

The number of beds for which the City Hospital is constructed is 62, so that at no time during the past six years has that Hospital been overcrowded.

* In these years the Pinley Hospital was used as a Convalescent Scarlet Fever Hospital, and the figures relate to both Hospitals:

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874:—

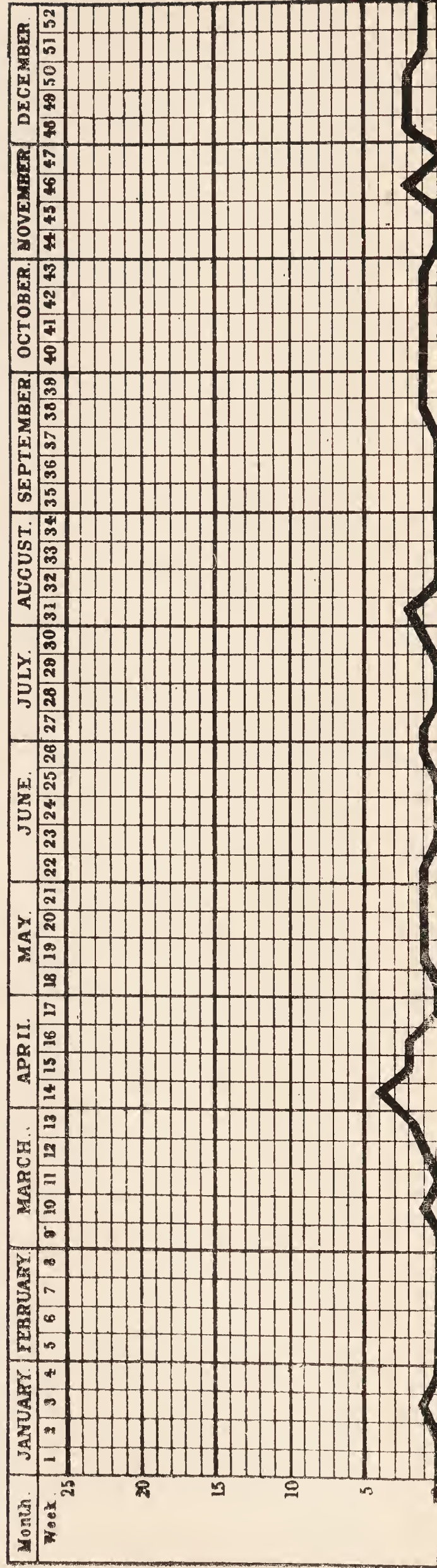
1874— 12	1883— 34	1892— 72	1901—405
1875— 14	1884— 34	1893— 65	1902—246
1876— 22	1885—101	1894—355	1903—211
1877— 38	1886—111	1895—408	1904—278
1878— 54	1887—158	1896—313	1905—269
1879— 76	1888—189	1897—234	1906—323
1880— 90	1889—210	1898—283	1907—256
1881—156	1890— 83	1899—257	
1882— 48	1891— 91	1900—610	

The current expenses of the City Hospital during the last financial year, ending March 31st, 1907, amounted to £2,324 16s. 10d.; those for the Pinley Hospital to £140 3s. 1d.

The character of these expenses is set out below:—

YEAR ENDING MARCH 31ST, 1907.				YEAR ENDING MARCH 31ST, 1907.			
By City Hospital:—				By Pinley Hospital:—			
	£	s.	d.		£	s.	d.
Acknowledgments ...	0	10	0	Fuel and Lighting ...	11	0	4
Rates, Taxes, & Insurances	163	17	7	Rates, Taxes, & Insurance	12	8	7
Alterations, Repairs, Furniture, &c....	135	14	5	Provisions ...	8	18	2
Telephone ...	6	5	0	Ironmongery, &c.	1	4	6
Provisions...	640	17	9	Repairs, &c.	32	11	2
Drugs and Appliances	64	17	10	Telephone ...	11	0	0
Drapery ...	60	1	2	Car Hire ...	0	16	6
Fuel and Lighting	377	18	7	Carriage ...	0	8	10
Ironmongery, &c.	54	6	7	Wages of Staff ...	61	15	0
Carriage ...	0	15	7				
Disinfectants ...	15	5	0				
Stationery, Printing, and Advertising ..	29	1	4				
Temporary Medical Attendance at Hospital ...	24	13	6				
Medical Officer, Salary as Medical Attendant at Hospital...	150	0	0				
Expenses of Candidates (Lodge Keeper) ...	1	16	6				
Wages of Matron and Staff	588	16	0				
Matron, Disbursements...	10	0	0				
	<u>£2324</u>	<u>16</u>	<u>10</u>		<u>£140</u>	<u>3</u>	<u>1</u>
To Fees for Maintenance of Patients ...	98	8	6	To Fees for Maintenance of Patients ...	£33	0	0

DIPHTHERIA 1907



The current quarterly expenses for the two Hospitals in 1907 were as under:—

		City Hospital.	Pinley Hospital.
1st Quarter	-	539 15 4	22 11 4
2nd Quarter	-	664 1 0	43 9 2
3rd Quarter	-	478 12 8	19 5 6
4th Quarter	-	578 12 8	30 5 1
		<hr/>	<hr/>
		£2,261 1 8	£115 11 1

During the same time the sum of £218 8s. was received on account of the admission of patients to the City Hospital from outside districts.

For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to £1 8s. 2d. per head per week.

The average sum expended per week at this Hospital for diet amounted to £9 6s. 5¼d.; this divided among the average number of patients and boarded staff, comes to 3s. 7¾d. per week, or the cost of diet for each boarded person was exactly 6¼d. per day. I think that nothing remains to be said as to the economy of management.

During the winter I have given a course of weekly lectures to the Nurses on Hygiene, etc.

Disinfecting Station.

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station:—

Visits paid to houses where infectious disease was suspected or notified—1,235.

Patients removed to the City Hospital—229.

Patients removed to the Pinley Hospital—0.

Patients removed for neighbouring authorities or from neighbouring districts—0.

Houses disinfected by fumigation or spraying—409.

Schools disinfected—5.

Steam disinfecting apparatus used 260 times.

Articles disinfected by steam—13,235.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in nearly all notified cases of infectious disease.

The disinfection that has been done in cases of Tuberculosis is referred to under that disease.

In certain cases, when a person suffering from an infectious disease has been nursed at home, or when for any other reason more complete disinfection has been thought necessary than either fumigation with sulphur fumes or spraying with formalin, the powers conferred by the Infectious Disease (Prevention) Act, 1890, Section 5, are made use of, and the owner or occupier is called on to strip the walls of paper, and to re-paper or to lime-wash. During the year 143 houses have been disinfected in this way.

The Need of a Public Mortuary.

During the year I presented to your Sanitary Committee, on their instructions, a report dealing with the requirements of a public mortuary. As this matter had in a previous year been considered by the Watch Committee, a joint meeting of these Committees was held to consider the matter. A resolution was adopted in favour of the provision of such an institution, and certain conclusions have been arrived at concerning the requirements appropriate in this City. The question is still under consideration.

Schools.

As the Sanitary Authority your Council has certain duties in regard to the sanitary state of the schools and the health of the scholars; as the Educational Authority your Council has, during the past two years and a half, voluntarily undertaken considerable additional work in relation to the hygiene of the schools and the scholars. Properly these should be separated in this report, the former appearing in this report to your Council, the latter in the report to the Education Committee. As, however, the whole of this work has been undertaken by the Health Department, it will probably conduce to conciseness and avoid repetition if the account of this work is grouped together in the Report to the Education Committee, which is appended on page 120.

During the year I have sent to the Head Teachers of schools 300 notices, requesting that certain children, either affected with infectious disease or living in houses where

infectious disease existed, should be prevented from attending school; and also 199 notices intimating that certain children excluded might safely return to school.

Midwives Act, 1902.

The following 24 midwives gave notice of their intention of practising within the area of the City during 1907. It will be noticed that of the 24 only 9 have obtained a midwife's qualification from a recognized source. Where they are marked "bona-fide" this means that they were in the bona-fide practice of their calling on July 31st, 1901.

In accordance with the requirements of the Act this list was forwarded to the Central Midwives Board in January of this year.

Name.	Address.	Qualification.
Mrs. Jane Ball ..	17, Barras Lane	City of London Lying-in Hospital
„ A. E. Charlton ..	4, Union Street	„ „ „
„ C. A. Holding ..	392, Foleshill Road ..	„ „ „
„ S. Dowell ..	20, King Edward Road ..	License of Obstetrical Society
„ E. A. Heatley ..	49, Holmsdale Road ..	„ „ „
„ Mary J. Inkpen ..	4, Marion Terrace, Foleshill Road ..	„ „ „
„ A. E. Musson ..	91, King Edward Road ..	„ „ „
„ Julia R. Swift ..	92, Foleshill Road ..	„ „ „
„ Ada M. Weston ..	152, Stoney Stanton Road	„ „ „
„ Sarah Cramp ..	238, Lockhurst Lane ..	Bonâ-fide
„ Elizabeth Clarke	32, Eden Street	„ „
„ Ann M. Clarke ..	"Fox House," Cook Street	„ „
„ E. Evetts ..	41, White Friars' Street..	„ „
„ A. Foster ..	34, Princess Street ..	„ „
„ R. Green ..	17, Lower Wellington St.	„ „
„ Elizabeth Hall ..	20, Stanton Street.. ..	„ „
„ A. P. Houghton..	78, Smith Street	„ „
„ S. Rollason ..	9, King William Street ..	„ „
„ A. M. Newbold ..	60, Earlsdon Street ..	„ „
„ J. Settle ..	88, Clinton Terrace, Queen Victoria Road	„ „
„ Ann Clarke ..	55, Eden Street	„ „
„ R. Timms ..	50, Castle Street	„ „
„ Emily Warner ..	77, Raglan Street	„ „
„ Elizabeth White	19, St. Peter's Street ..	„ „

In accordance with the requirements of the Act this Supervising Authority keeps a “current copy of the roll of midwives, accessible at all reasonable times for public inspection,” at the offices of the Health Department. The supervision that has been exercised over midwives by your Authority has continued to consist in periodical visits to them to examine their appliances and their registers. I have been assisted in this duty—being your Executive Officer under this Act—by the Health Visitor.

Some difficulty still continues to exist in the matter of causing midwives to make the numerous notifications, which they have to make, on the proper forms. In the course of time this difficulty will be overcome.

Considering the mixed character of those on the roll, it may be stated that they make considerable efforts to comply with the regulations which are laid down.

On three occasions during the year I have had to report midwives to your Sanitary Committee; two of these occasions were on account of the fact that two midwives failed to report cases of still-birth that had occurred in their practices; your Sanitary Committee caused them to be cautioned. On a third occasion I had to report concerning a case where it was clear that the midwife failed in her duty in advising that a medical man should be called in on account of the child. In this case the question arose whether the facts should not be reported to the Central Midwives' Board. Your Committee ultimately decided to send a severe caution to this midwife.

Your Sanitary Committee, on January 8th, received a letter (dated January 4th) from the Board, asking if that Committee were willing for the Board to draft a model set of rules relating to the inspection of midwives. As such a model set of rules might clearly be of value, your Committee replied in the affirmative. When these rules are available they may assist in the administration of an Act which presents many points of difficulty.

The Rules framed by the Central Midwives Board for the guidance of midwives have to be approved by the Privy Council; in the first instance the Rules were only sanctioned for a period of three years. During the year a new set of rules was framed with alterations, which were indicated by the experience gained

in the working of the Act. Your Sanitary Committee ordered that a copy of these Rules should be sent to all the midwives practising in the City.

The new Rules of the Board were issued in May last. Section E is that part which concerns the conduct of midwives in their practice. The Rules have been considerably re-arranged and, in that they are much easier to understand, they are an improvement. As some of these women are illiterate, this is a matter of importance.

It is now made compulsory for all midwives to carry with them a bag or basket with a washable lining. Whereas formerly it was compulsory for all midwives to carry with them certain appliances, in regard to some of these it is now open to the Supervising Authority to use their discretion in regard to the carrying by untrained midwives. The absolute prohibition with regard to a midwife laying out the dead is withdrawn, and now under specified circumstances she may, at the discretion of the Supervising Authority, do this.

The responsibility of the midwife in regard to the obtaining of medical assistance is somewhat altered. Formerly, when certain specified conditions were met with, she had to decline to attend alone, and had to advise that a registered medical man should be sent for. The circumstance might be met with that a medical man was not available, or it might occur that the relatives declined to send for a medical man; under these circumstances, if she adhered to the literal interpretation of the rule, the midwife would have to withdraw, instead of doing the best that she could under the circumstances. Under the new rule, she has to advise that the attendance of a medical man is required, and must hand to the husband or the nearest relative a form properly filled up and signed by her, setting forth the reason for the necessity of the attendance of a medical man in order that this may be forwarded to a medical man; but supposing that medical assistance is not forthcoming, she incurs no liability in remaining with the patient and doing the best that she can.

The form of notice to medical men is also altered. The former one was so worded that it appeared that it was the midwife who was calling in the medical man. In that case she was

apparently taking on herself the responsibility of the fee. In the new form the wording indicates that the notice is sent on behalf of the patient.

Notifications of deaths and still-births have now to be made on official forms.

The conditions under which medical assistance has to be sent for have been slightly altered.

There are two recommendations to midwives incorporated in the rules, but as they are not themselves rules, they are not binding :

“ When engaged to attend a labour, the midwife should take an opportunity of visiting the patient in her own house to advise as to personal and general arrangements for the confinement.”

“ It is highly desirable that the midwife should see that every birth occurring in her practice is notified to the Local Supervising Authority within 48 hours, together with the name and address of the patient.”

The latter recommendation is not carried out at all in this City.

One of the most important conditions under which a midwife has to advise that a medical man should be called in is when there is a rise of temperature above 100.4° F., with quickening of the pulse for more than 24 hours. But since there is no rule compelling midwives to take the temperature at all, and as some indeed are quite unable to use a thermometer, it follows that this very important indication of complications is often overlooked.

A copy of the new Rules was sent to all the midwives together with the following letter :—

CITY OF COVENTRY.
PUBLIC HEALTH DEPARTMENT.

16th May, 1907.

Dear Madam,

I am instructed by the Sanitary Committee to forward to all the Midwives practising in this City a copy of the new Rules now issued by the Central Midwives' Board.

Some very important modifications have been introduced, and your particular attention is therefore directed to Section E of the accompanying booklet which you should peruse frequently and very carefully.

If you are in any doubt about any of the Rules I shall be pleased to render whatever help I can. I would particularly draw your attention to Rule E 11, which requires that each patient shall be attended for at least ten days after the confinement. Some cases have come to my notice where this duration of attendance has been considerably curtailed. Failure to carry out this or any other Rule is liable to be reported to the Central Midwives' Board. This Board is very strict in regard to the carrying out of its Rules.

I am, yours faithfully,

E. H. SNELL, M.D.,
Executive Officer under the Midwives Act.

A communication (dated August 9th) was received from the Central Midwives' Board on the question of instructing midwives in certain important matters; on that communication I reported as follows on August 31st:—

“ The resolution forwarded by the Board to this local supervising Authority is as under :—

‘ Resolved, that inasmuch as changes in the pulse and temperature are the earliest and surest indication of the onset of puerperal fever when the disease is still amenable to treatment, the Board do call the attention of Local Supervising Authorities to the importance of instructing and encouraging midwives practising within their areas in taking and recording regularly the pulse and temperature in every case under their care.’

I have to report concerning this matter that when opportunity offers, *i.e.*, on my visit to midwives, and also on the Health Visitor's visits to midwives, some instruction in this matter has been given. It is, however, of quite an informal character.

Midwives now frequently come to the office to obtain advice concerning difficulties.

In some districts the local authorities have caused to be given courses of instruction to midwives, and some local autho-

rities have in other ways moved to improve the knowledge of midwives.

I think that much credit is due to such authorities for these efforts, but I am bound to remark that I consider these matters are undertaken on a mistaken notion of the functions of a Local Supervising Authority.

It is true that each Authority has to supervise the midwives practising in its area. It is in no way a function assigned to it to undertake the training of these women.

When it is considered that quite a number of these women can neither read nor write, and that quite a large proportion are absolutely without any training, it will be recognised that the assumption of teaching functions by a Supervising Authority is not to be entered on lightly.

The responsibility of that ill-devised Act, the Midwives Act of 1902, is with the Legislature; that Act places on the official Register as "Certified Midwives" many thousands of absolutely untrained women; and they are now allowed to practise their calling with the official sanction of Parliament.

This Supervising Authority has certain duties of supervision to carry out under the Act, and as the matter appears to me, it does not seem to be desirable to attempt more than merely carry out those duties."

One hundred and seventy-three notifications have been received during the year from 14 midwives concerning occasions when they have required to advise that medical men should be called in. No such notifications have been received from ten midwives. Thirty-seven notifications concerning still-births have been received from midwives, also a few concerning deaths that have occurred in their practices.

Pauperism.

Mr. Arch, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject:—

Number of inmates of Workhouse at end of year 1907	613
Average number of inmates for previous five years	... 520
Number of persons who received out-door relief in 1907	611
Average number of persons who received out-door relief	
in previous five years	... ... 743

	£	s.	d.
Actual expenditure in out-door relief in 1907 ...	2,293	13	11
Average yearly expenditure in out-door relief in previous five years	2,616	7	9
Decrease on the average expenditure in out- door relief	322	13	10

Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all 851 such cases have been returned. All cases of consumption indicated in these returns are visited, and also a small number of other cases.

Overcrowding.

Eighteen instances of overcrowding were dealt with during the year. This is less than in 1906, but I fear that the number cannot be taken as any indication of a smaller prevalence of undesirable overcrowding. It is probably rather an indication of the fact that the bringing to light of such cases is largely a matter of accident.

In previous years I have detailed instances of the conditions found so far as cubic space and number of persons is concerned. The giving of these would be merely a repetition of precisely similar conditions to those previously related.

In one instance the loft over a stable was found to be used as a dwelling, or rather as a Common Lodging House. On the owner being written to, this matter was remedied.

Housing of the Working Classes Act, 1890.

The following table summarizes the action which has been taken under Part II. of this Act, and the results which have followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improve- ment.	Back-to-back Houses made through-venti- lated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	0
1902	43	23	12	8	0
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
1906	8	23	4	3	2
1907	9	4	12	3	0
Total ...	517	233	158	32	68

Of the 12 houses closed, 5 were closed by order of the Magistrates and 7 were closed voluntarily.

The following is a detailed statement of the houses dealt with :—

Houses improved :—

- 1 in Court 3, White Friars' Street.
- 5 in Court 25, Gosford Street.
- 2 in Court 4, New Buildings.
- 29 in Court 13, Saint John Street.

Houses improved after closing by Magistrates' Order, and re-opened. (Closing Order suspended to enable owner to do necessary work, tenants remaining in houses).

- 2 in Court 3, White Friars' Street.
- 3 in Court 3, White Friars' Street.
- 4 in Court 3, White Friars' Street.

Houses closed by Magistrates' Order:—

3 in Court 4, White Friars' Street.
61, Well Street.

Houses voluntarily closed:—

5, The Jetty, Broad Street.
Rear of 48, Swanswell Street.
2 in Court 5, Smithford Street.
4 houses in Court 3, Jordan Well.

In a considerable number of cases, especially where the defects of houses are of a limited character, it is found more convenient to deal with them under the Public Health Act as "nuisances." Defects corrected in this way appear in the table on page 115.

It has, however, to be confessed that the progress that has been made during the year in the way of obtaining better housing conditions for the poorest of the community has been very small.

Early in the year your Council adopted a recommendation of your Special Housing Committee to erect 48 houses of five rooms each, to be let at a rental of about 5s. 3d. per house, and 22 tenements on the dual flat system of two rooms each, to be let at about 4s. each. I am given to understand that the erection of these houses is to be immediately proceeded with.

An undoubted obstacle in the way of improving, or, in the alternative, closing some of the worst of the court houses, has been the great demand which has existed throughout the year for small houses of any description.

It seems clear that no great progress will be made in this matter until larger powers are possessed in the way of dealing with such property, or until steps are taken to provide other and more suitable accommodation in the way of small houses let at a low rent. As nothing is being done by private enterprise in the way of meeting the demand for two and three-roomed houses, this would appear a reasonable field for action on the part of your Council.

OBSTRUCTIVE BUILDINGS.

In my last annual report I recorded the fact that in September of 1906 I made a representation to your Sanitary Committee under Section 38 of the Housing of the Working Classes Act, to the effect that five houses could be regarded as

“obstructive” under that Section; during the past year the report of your City Engineer was received as to the cost of pulling down these houses and acquiring the site; your Committee visited the site, and adjourned its consideration.

In 1907 I presented a similar representation concerning two closed houses in Court 20, Much Park Street; after the consideration of this by your Committee, who interviewed the owner, I presented a similar representation concerning two houses in the rear of these, not used for habitation; a report was received from your City Engineer as to the cost of pulling these down and acquiring the site; after negotiations with the owner of these and the owner of the closed houses on the question of betterment, an agreement was entered into by which the owner of the closed houses and the Corporation share the cost of pulling down the two houses and acquiring the site, at a price agreed on by the owner of the houses to be demolished. The owner of the closed houses will now be in a position to materially improve the ventilation of those houses.

House Accommodation.

On November 25th I reported on this question to your Sanitary Committee as follows :—

“It is our custom each November to make an examination of the empty houses in the City. This is of use in correcting our estimate of the population, and also affords useful information as to the extent to which the demand for houses is supplied.

This examination was omitted in 1906, for the reason that the figures of the unofficial census made by the Council in May were available.

The following is a comparison of this year's with last year's figures :—

	1906.	1907.
Houses of £20 and upwards ...	27	37
„ 5/6 to 7/6 per week ...	35	27
„ 2/6 to 5/- per week ...	25	24
„ under 2/6 per week ...	0	1
	—	—
	87	89
	—	—

The distribution of these houses in the several wards is shown below :—

WARDS.													
RENTALS.	Radford.	Foleshill.	Harnall.	Swanswell.	Bablake.	Cheylesmore.	Hearsall.	Grey Friars'.	Hill Fields.	All Saints.	St. Mary's.	Stoke.	TOTAL.
£20 and upwards ..	..	2	1	1	3	4	11	6	..	..	3	6	37
5/6 to 7/6 per week	..	3	7	2	..	..	4	..	3	1	1	6	27
2/6 to 5/- ,,	1	..	..	..	2	3	1	1	1	1	13	1	24
Under 2/6 ,,	..	..	..	..	..	..	..	..	..	..	1	..	1
Totals ..	1	5	8	3	5	7	16	7	4	2	18	13	89

It will be seen that the figures approximate very closely to those of last year; and that there are a few more expensive houses now empty, and that there are a few less of the smaller houses empty.

Of the 89 empty houses, 36 were houses recently built and ready for occupation; four of these houses were labelled 'for sale,' and one 'to let'; the remainder appeared to be sold or let.

Of the 53 other older houses, 10 were threatened with demolition for the extension of a factory, three are to be converted into a store, and one is being converted into a wash-house; four have been closed as unfit; and of the remaining 35 it may be stated that although void, they appear to be only temporarily void, and that very few are apparently 'to let.' "

On page 78 is given a table showing that the past year has been a record year for this City so far as the number of houses built is concerned. In spite of this the building operations do not yet appear to have met the demand. This is especially the case in the matter of small houses.

Your City Engineer has kindly furnished me with the following figures relating to the building operations for the past 16 years. The numbers are made up to November 30th in each year.

PLANS APPROVED.										
Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1892	152	13	75	8	0	0	0	0	6	254
1893	227	22	82	13	0	1	0	0	0	345
1894	180	15	73	14	0	0	1	1	1	285
1895	145	9	65	7	0	0	0	0	1	227
1896	548	67	125	1	0	0	1	0	21	753
1897	697	24	157	3	3	0	0	1	11	896
1898	425	17	167	7	6	1	1	0	19	643
1899	528	26	163	89	0	0	0	2	5	813
1900	488	11	106	24	1	1	1	1	3	636
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4	35	1536
								(including 2 Addit'ns)		

BUILDINGS COMPLETED.										
1892	117	18	58	5	0	0	0	0	2	200
1893	193	13	65	9	0	1	0	0	3	284
1894	200	18	60	12	0	0	0	0	0	299
1895	129	10	53	12	0	0	1	1	2	208
1896	171	49	89	3	0	0	0	0	3	315
1897	399	48	56	2	2	0	0	1	0	508
1898	501	19	115	5	1	0	1	0	13	655
1899	466	13	101	21	0	0	1	1	9	612
1900	488	19	95	26	1	1	0	2	11	643
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2	0	746
								(Addit'ns)		
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	..	..	1	18	1131

Town Planning.

Important conferences were held in connection with this matter during the year; and a Government measure dealing with it is promised in the near future.

Registered Places.

The questions that have arisen in connection with these, and the action which has been taken, are dealt with below :—

SLAUGHTER HOUSES.

At the beginning of the year there were 52 private slaughter-houses in use in the City; owing to your Sanitary Committee declining to re-license one during the year, the number has been reduced to 51. In two instances a change of occupancy has been notified. The number of visits paid to the slaughter-houses has amounted to 1,553; during these, 93 contraventions have been observed; these have related to non-removal of offal and insufficient vessels, 23; cleansing and limewashing, 57; cleansing of fasting pens, 3; defective pavement and drainage, 7; keeping horse in slaughter-house, 1; animals kept longer than necessary for fasting, 1; slaughtering animals for pigs' food, 1.

Notifications were received from 34 slaughter-houses concerning the carcasses of 85 animals that were found after slaughter to be diseased or unsound to a greater or less degree. The meat surrendered and destroyed in connection with these notifications amounted to 4,063 lbs., and was as follows :—

Parts of carcasses of 31 cows	...	2,045 lbs.
„ „ „ 17 heifers	...	510 „
„ „ „ 14 bullocks	...	337 „
„ „ „ 6 sheep	...	165 „
„ „ „ 17 pigs	...	1,006 „
<hr/>		
Total	...	4,063 lbs.

Concerning the byelaws relating to the notifying of unsound or diseased cattle, it may be of interest to observe that no notifications at all have been received during the year from 18 slaughter-houses, and that no notifications whatever have come in from 6 slaughter-houses during the past 16 years. To anyone who is familiar with the risks run by even the most careful buyer of cattle in purchasing an apparently healthy-looking animal, and

finding on slaughter that some disease exists, there can be no better argument than these facts in favour of the immediate provision of a public abattoir and the closure of all private slaughter-houses. Certain trade interests may be against this course, but my advice to your Council is not based on trade interests, but on the interests which affect the health of the community.

SEIZURE OF DISEASED MEAT.

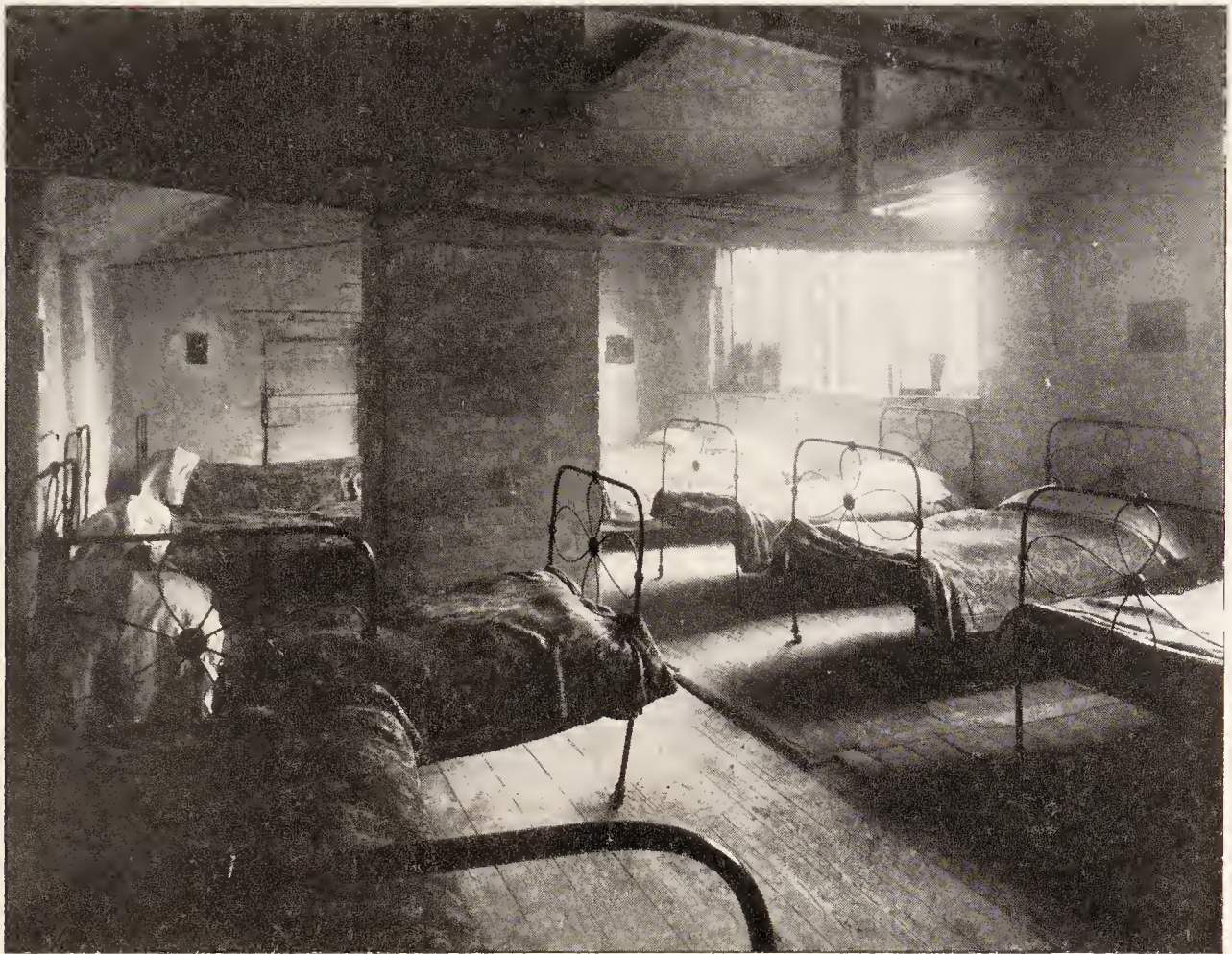
The head, tongue, and lungs of a cow slaughtered at a private slaughter-house were found to be tuberculous; not having been notified it was seized, and afterwards destroyed by order of a Justice. The circumstances were peculiar, in that a private slaughter-house had been broken into at midnight in order to effect the slaughter. They were thoroughly considered by your Sanitary Committee, and no proceedings were instituted.

SLAUGHTERING ON UNLICENSED PREMISES.

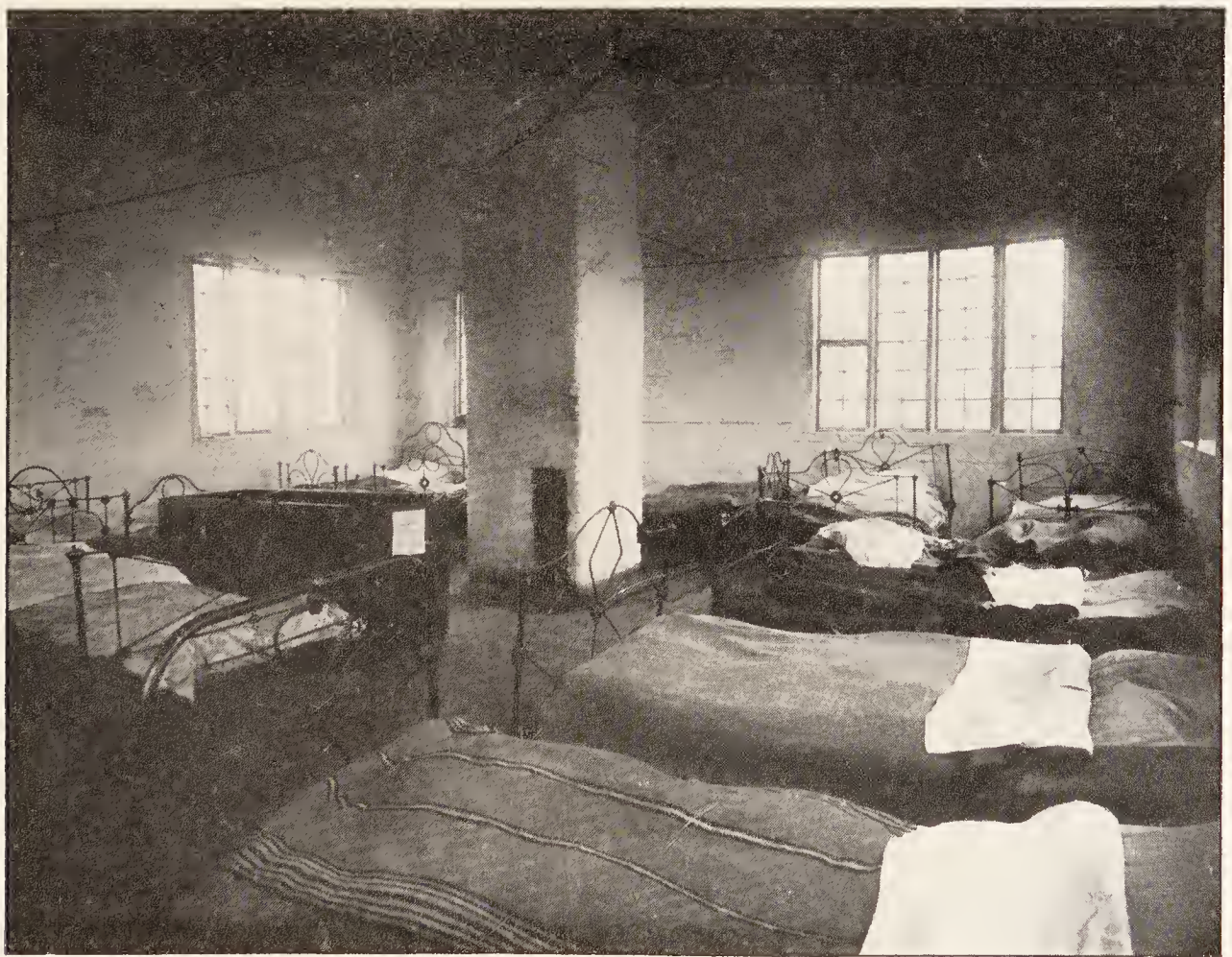
Magisterial proceedings were instituted in one instance for slaughtering a bacon pig at the rear of private premises, the offender being fined 10s. and costs.

ANNUAL LICENSES.

One instance arose where your Sanitary Committee declined to renew an annual licence, for reasons which appeared to them to be sufficient. Section 29 of the Public Health Acts Amendment Act, 1890, gives power to an Urban Authority to grant licences for a limited period, not being less than twelve months. Section 7 of the same Act gives the occupier of such a slaughter-house an appeal to Quarter Sessions in the event of the refusal of the Authority to renew such a licence; it follows, therefore, that an Authority granting an annual licence is in reality granting a perpetual licence unless—in the event of an appeal—it can persuade the Court of Quarter Sessions that there are good reasons for refusing to renew the licence. I think that I am right in saying that this point has not been locally appreciated before. It affords a good reason for your Authority declining to grant annual licences indiscriminately, for the very good reason that when once granted, the power of refusing their renewal effectually is taken out of your hands. In the particular case in point the owner and occupier appealed to Quarter Sessions, and the reasons which were given on behalf of your Sanitary Autho-



Bedroom of a Common Lodging House.



Bedroom of a Common Lodging House.

city for refusing to renew the licence were upheld by Quarter Sessions on January 2nd of this year, the Chairman observing that your Sanitary Committee exercised a very wise discretion in refusing to renew the licence.

MEAT SEIZED FROM SHOPS.

Two sides of beef exposed for sale in different shops and found to be tuberculous were seized, and a Magistrate's order for destruction obtained; the occupiers of the shops were proceeded against, and fined £2 and costs and £1 and costs respectively. A beast's head, tongue, heart, and liver affected with tubercle, were seized at a shop; the carcase in this case had been sold as pigs' food; the owner was proceeded against and sentenced to six weeks' imprisonment; in the meantime he had left the City, and the sentence has not been served.

FOOD SURRENDERED FROM SHOPS AND STORES.

Frozen beef, 249 lbs.; beef liver, 36 lbs.; pigs' kidneys, 132 lbs.; ox tails, 36 lbs.; rabbits, 53 lbs.; and 1 keg of tripe.

The total meat surrendered amounted to 4.605 lbs., and the total seized to 840 lbs.

OLD LICENSED SLAUGHTER-HOUSES IN COVENTRY.

The following is an extract from a Report to the Sanitary Committee on August 31st last:—

“There are about 25 old licensed slaughter-houses in this City. These are slaughter-houses established since the application of the Public Health Acts, 1847, but prior to the adoption of the Public Health Acts Amendment Act, 1890.

“The view that has hitherto been accepted in regard to these has been that they have been licensed once for all by the Council subject to the condition that if a public slaughter-house is established their use shall be discontinued.

“It appears that this view will now have to be modified, for in a recent appeal case in April last (*Goodwin v. Sale*) regarding such a slaughter-house, it was definitely held that the licence was given not to the building but to the occupier, that any change of occupation rendered the licence invalid, and further, that the occupier was entitled, either personally or by his servants, to slaughter in such a slaughter-house, but he was not entitled to allow others to slaughter there.

“The clear consequence of this decision is that when the original licensee has ceased to be the occupier of the slaughter-house the subsequent occupier has no right to use the building as a slaughter-house.

“A considerable number of the 25 old licensed slaughter-houses of this City are affected by this decision, and their use as slaughter-houses is illegal. Some of the four slaughter-houses in the added area of 1899 are also affected.

“I am making investigations as to which of these 29 slaughter-houses can still be regarded as licensed slaughter-houses, and will report later to your Committee on the matter.

“It is possible that this decision may again bring before your Committee the question of the desirability of erecting a public abattoir.”

DAIRIES, COWSHEDS, AND MILKSHOPS.

COWSHEDS.

The number of cowkeepers in the City is gradually diminishing. In 1897 the number was 43; at the beginning of 1907 it was 26; at the end of that year the number had further diminished to 23; the actual number of sheds in the occupation of these was 38; these contain 233 stalls for cows and 215 cows; the total cubic space of these sheds amounts to 133,163 cubic feet, or there is an average space per cow of 619 cubic feet.

The diminution in the number of the cowsheds is partly owing to the extension of building operations into areas which were formerly fields, and partly owing to an attempt to enforce the regulations affecting them; when this latter is resented it has on several occasions happened that the occupier has removed somewhere outside the boundary of the City.

During the year 149 visits have been paid to these, and 13 contraventions of the regulations have been dealt with. These contraventions related to the following matters:—Neglect of lime-washing 6, manure heaps too near sheds 3, and defective floors and drainage 4. Two sheds have been demolished on account of building operations, and the use of six others has been discontinued; one new shed has been erected. An application for the occupation of an old shed as a cowshed was reported on to your Sanitary Committee, and that Committee refused to register it as such. One cow-keeper who was occupying as a cowshed a shed without giving notice

to your Sanitary Committee was cautioned by that Committee; the same cowkeeper also erected another shed without sending in a plan; this matter I referred to your City Engineer, and it has not been used for the keeping of cows.

In the case of one cowshed, the unsatisfactory nature of which had frequently been reported to your Sanitary Committee, that Committee gave the occupier notice towards the end of the year that he must either cause the shed to be satisfactorily rebuilt, or its use must be discontinued, or otherwise they would have no alternative to taking action against him for the numerous contraventions which existed.

Two cowkeepers notified illness of cows that were about to be slaughtered and destroyed; another an injury; in these cases your Inspectors supervised the slaughtering and the disposal of the carcasses.

Much still remains to be done in the improvement of the conditions under which milk is produced. This is especially the case in rural districts, from which most of the milk consumed in towns comes.

Your Sanitary Committee have given me instructions to make use of the powers conferred by our local Act in the matter of visiting and inspecting cowsheds outside the City when occasion arises.

MILKSHOPS.

At the beginning of the year there were 235 milkshops on the Register; 22 were discontinued during the year, and 30 others were added to the Register, leaving 243 on the book at the end of the year. The milkshops have been regularly visited, with the object of improving the conditions under which milk is stored and sold; 603 visits were in all paid. As hitherto, the contraventions observed related to milk being kept uncovered in shops, milk kept in unsuitable places, and milk stores requiring limewashing.

One milk dealer was reported for an infringement of the Dairies, Cowsheds and Milkshops Order, viz., for not having his premises registered as required; proceedings were taken, and he was fined 10/- and costs.

COMMON LODGING HOUSES.

Owing to the great demand which has latterly existed in this City for this kind of accommodation, and the limited and undesirable way in which this demand was met, I reported somewhat fully

on the matter to your Sanitary Committee on September 18th, 1906; that report was included in my report for that year; as a result of that report your Sanitary Committee appointed a small Sub-Committee to visit these houses and others which were being conducted as Common Lodging Houses without being registered. These visits were paid at the end of 1906, and again at the beginning of 1907, and on March 12th I presented the following report to that Sub-Committee:—

“Your Sub-Committee was appointed to visit and report to the Sanitary Committee concerning the Common Lodging House accommodation in this City. The question arose on account of a report of mine to that Committee on September 18th last.

The present position in regard to Common Lodging House accommodation was therein set forth; it stated that there were four registered Common Lodging Houses, viz.:—

31 and 31a, White Friars' Lane,	registered for	30 lodgers.
56, West Orchard	... „	10 „
27, West Orchard	... „	42 „
150, Spon Street	... „	60 „
<hr/>		
Total available beds ... 142		

The returns from the Common Lodging Houses show that the demand for these beds is very great.

Further, I reported to the Sanitary Committee that several houses not registered Common Lodging Houses were being conducted as Common Lodging Houses, and not being so registered they were not subject to the Bye-laws affecting Common Lodging Houses. There is a difficulty in regard to registering houses of this sort, in that if once registered they would be always registered, and the houses so used are in the main excessively undesirable houses to be so registered. In all there are known to the Health Department houses accommodating 150 lodgers which are conducted as Common Lodging Houses. The distinguishing feature of a Common Lodging House is that it takes in lodgers of the poorer classes, who either sleep in a common bedroom or have their meals in a common living room.

The question of prosecuting the occupiers of such houses for using them as Common Lodging Houses without their being so registered has been before your Sanitary Committee. I have represented that if proceedings were taken, and we were successful in preventing

such houses being used as Common Lodging Houses, then a considerable hardship would result to a large number of poor people who desire this cheap kind of accommodation. Until, therefore, some alternative accommodation exists the Sanitary Committee is placed in a dilemma in regard to bettering the present state of affairs. Your Sub-Committee have visited the four Common Lodging Houses : these houses are under the Bye-laws affecting them ; they are visited regularly by the Inspectors, and certain conditions of cleanliness and order are attempted, but your Committee will have seen for yourselves that the present state of affairs in regard to these four Common Lodging Houses is very unsatisfactory. The buildings are in all cases old and structurally unfit for this particular purpose. The standard of cleanliness, especially in regard to the beds and bedding, is excessively low.

Your Committee has also visited several of the houses to which I have referred. You will probably be agreed that in none of these cases are the buildings such that they should be permanently registered as Common Lodging Houses, and also, that the continuance of their use as Common Lodging Houses is excessively undesirable from every point of view.

In order to ascertain whether a possible solution of the present difficulty could be effected by suggesting the provision of a Municipal Common Lodging House, I collected information from the nine towns in the country known to me which have Municipal Common Lodging Houses, in regard to the cost and upkeep of their houses. A report concerning the figures obtained was distributed to your Sub-Committee on November 8th last. In regard to four of the said towns, viz., Huddersfield, Manchester, Southampton, and Glasgow, the financial aspect of the question appears to be satisfactory.

Probably the financial success or otherwise of such an undertaking would depend on the local demand for such accommodation, the competition from already existing Common Lodging Houses, and the economy or otherwise which might have been evinced in its building and management ; clearly such a building must be built with due regard to the purpose for which it is required ; therefore every economy must be exercised in regard to the character of the structure.

Locally, the conditions pertaining to-day are highly favourable, I think, to the successful maintenance of such a Common Lodging House, in that the demand for accommodation is great ; the demand

is a long way from being met by the existing Common Lodging Houses, and the kind of accommodation offered by those houses is not such as would appeal to those who have a choice in the matter.

It does not appear to me right that the present undesirable condition of affairs should continue without some attempt being made to alter it. I think that your Sub-Committee are now in possession of all the important features of the existing conditions."

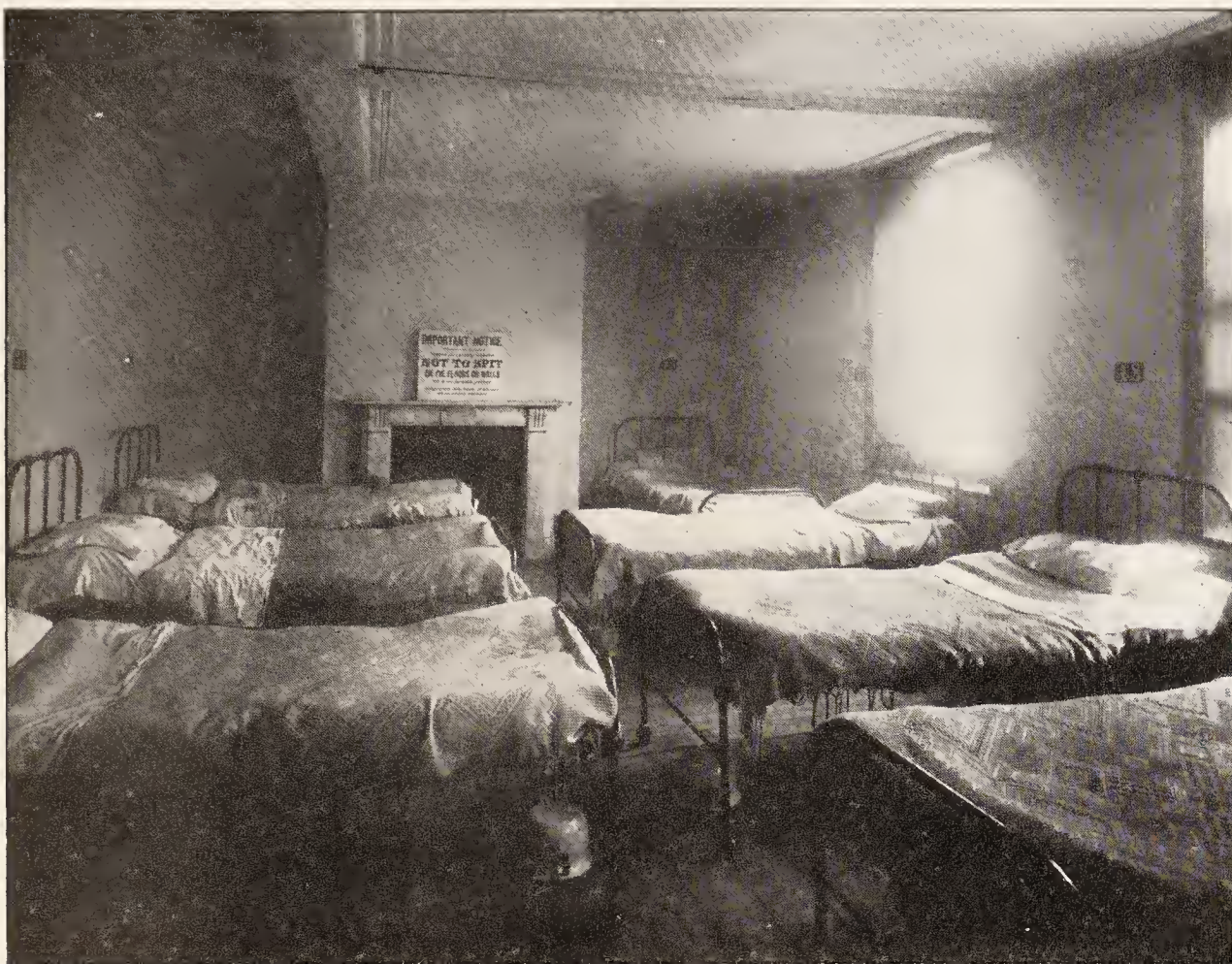
On the Sub-Committee presenting this report, together with the results of their visits, to your Sanitary Committee, that Committee instructed the Sub-Committee to make enquiries as to Municipal Lodging Houses which have been established in other towns, and, if thought necessary, to visit and inspect one or more of such houses.

The Common Lodging House Sub-Committee then visited the two Municipal Common Lodging Houses of Manchester and Salford, they being the nearest towns to Coventry possessing such institutions. I then drafted a report (July 8th), summarising the observations which had been made by the Sub-Committee in these visits. The conclusions which I ventured to add to that report were as follows:—

"I think that it may be concluded that if a Common Lodging House is to be made self-supporting, regard must be had all along to the small payments which are made for the accommodation provided. If this be done, it must be recognized from the first that the building cannot and must not be built as a sort of institution of which the town may in after years be proud, that is, from an architectural point of view; the pride, if any, would have to be derived from the fact of erecting a building compatible in every respect with the purposes for which it is intended. And even if this is done, the condition of affairs brought about would be a very great improvement on that existing.

I think that the expense of dividing the bedrooms into cubicles might be avoided, and small bedrooms for a limited number of lodgers substituted.

It will be recognized that at the present time the Sanitary Committee has great advantages in starting an institution of this character, since by refusing to register other lodging houses there could be little opposition; and the existing undesirable Common Lodging Houses could either be squeezed out of existence or else made to raise themselves to the standard set by the Corporation.



Bedroom of a Common Lodging House.



Dirty interior of old cowshed, showing deficiency of means of lighting and ventilation.

I think that the demand for this sort of accommodation would justify the provision of a lodging house for 100 male beds, and if this house were so situated, and so constructed that it could be extended if necessary, there would be advantages in so doing."

On reporting to your Sanitary Committee the results of their visits, with the recommendation that they be authorized to prepare a scheme for a Municipal Common Lodging House for submission to the Committee, the recommendation was accepted. The question of site has since been under consideration.

To the four registered Common Lodging Houses of the City 196 visits have been paid during the year. The contraventions observed related to limewashing walls, cleaning floors, dirty bedding, and insufficient ventilation. On one occasion I reported to your Sanitary Committee that one of these houses was improperly managed and conducted.

Applications have been received by your Sanitary Committee during the year for the registration of four other houses as Common Lodging Houses, but having regard to the fact that the matter of the erection of a Municipal Common Lodging House has been under consideration, together with the fact that your Committee has not the power of granting a licence for a limited time, your Committee thought it wise to defer the consideration of these applications. Concerning one of these houses, from which such an application was subsequently received, I made the following report on May 27th:—

"Among the houses known to be conducted as Common Lodging Houses in this City at the present time without being registered is No. 47, Well Street, formerly the Reindeer Inn. This house has recently been visited by some of the members of your Common Lodging House Sub-Committee.

As a principle I have thought it best to advise that such cases should not be dealt with until your Committee had determined what steps, if any, should be taken in the way of meeting the demand for accommodation in such houses in this City.

There is however a limit, which should, I think, be placed as to what can be tolerated in these houses, and I think this has been reached in this instance.

Having heard that gross overcrowding existed in this house, I suggested to Mr. Clarke that a night visit should be paid. Accordingly, on May 24th, he and Assistant Inspector Drury visited the house at midnight, and found 5 rooms overcrowded and used in common by casual lodgers of the poorer classes.

The rooms were occupied as follows :—

Kitchen	..	..	21 persons	(9 on floor, 3 on tables, 9 on benches and chairs).
Front room	..	9	„	(1 on counter, others on floor and benches).
Small back room	..	3	„	(2 beds in this room).
Front bedroom	..	9	„	(4 double beds and 1 single bed).
Attic	..	..	12	„ (1 double bed, 10 persons on floor).
			—	
			54	
			—	

In addition to the above there were 4 families and the deputy in rooms let in lodgings, making a total of 73 persons.

The cubic space of the rooms used in common totalled 8,474 cubic feet, or 157 cubic feet per person. In a common lodging house a cubic space of 400 cubic feet per person is insisted on.

I have sent the particulars of this case to the Town Clerk, with a view to proceedings being taken."

Proceedings were taken, and the occupant was fined 20/- and costs for keeping the house as a Common Lodging House without being registered.

HOUSES LET IN LODGINGS.

The definition of houses of this character was given in my report for 1906. At the present time there are twelve such houses on the Register. To these 45 visits have been paid, and four notices have been served for contraventions found. These have related to limewashing and cleansing.

Among these houses there are a number which are being conducted as Common Lodging Houses, without being registered as such. This matter is dealt with under the subject of Common Lodging Houses.

Offensive Trades.

There are no "offensive" trades in Coventry, except so far as a rag and bone business may (as has been held) under certain circumstances come under this designation.

No application for the starting of an "offensive" trade has been received during the year.

Smoke Abatement.

Number of occasions black smoke was observed to be emitted				
from factory chimneys	...	...	...	103
Number of special observations	...	...	...	50
Number of chimneys found to be emitting black smoke in such				
quantities as to be a nuisance	...	...	...	12
Number of letters sent	...	...	...	11
Number of notices issued	...	...	...	3
Number of cautions to stokers	*...	...	...	21

On the whole there has been less ground for complaint during 1907 in this respect than in the preceding year.

One chimney, which was the worst offender, emitted black smoke daily during the whole of the time that extensive alterations and additions were being carried out in connection with the engines and condensing plant. For the time this appeared inevitable unless the works were closed down entirely, which would have caused much public inconvenience. The defect has now been remedied.

The other offenders invariably abated the nuisance complained of to some extent on receipt of notice or letter.

Sale of Food and Drugs Acts.

During the past year 208 samples of food and drugs were submitted to the Public Analyst, who certified 194 as genuine and 14 adulterated. The percentage of adulterated articles shows a slight diminution on that of the previous year.

The samples were collected in the following manner:—*Formal samples*, purchased by Inspector, 105; purchased by Deputy, 39; *preliminary samples*, purchased by Deputy, 63; submitted privately, 1; and consisted of new milk 136, separated milk 4, butter 39, arrowroot 2, ground ginger 3, olive oil 2, cod liver oil 2, chocolates 3, and one each of coffee, mustard, lard, castor sugar, raspberry jam, whisky, soda water, paregoric elixir, camphorated oil, sweet spirit of nitre, compound tincture of rhubarb, cream of tartar, syrup of rhubarb, ammoniated tincture of quinine, precipitated sulphur, compound liquorice powder, and tincture of iodine.

Eleven samples of milk proved to be adulterated, either by the addition of water or abstraction of fat; two samples had been tampered with in both respects, the vendor in one case being fined 10/- and costs, the other—a sample containing 8 per cent. of added water and 9 per cent. deficient of fat—was dismissed.

Of the 39 samples of butter all were genuine as regards their butter fat, but one contained 10 per cent. excess of water.

The samples of drugs and grocery proved to be genuine, except the sample of castor sugar, for which ground rice appeared to have been served inadvertently.

The nature of each article and the analytical results will be found on page 150.

Fertilisers and Feeding Stuffs Act, 1906.

Early in the year I was instructed by the Executive Sub-Committee of the Sanitary Committee to report to them on the provisions of this Act. This report I presented on February 5th. After summarising the provisions of the Act I reported that it appeared that in only three county boroughs were samples taken under this Act, and also that the provisions of the Act are in no way related either directly or indirectly to the health of the District.

On the receipt of this report that Committee decided to take no action under the Act.

Factory and Workshops Act, 1901.

Section 132 of this Act is as follows:—"The Medical Officer of Health of every District Council shall, in his annual report to them, report specifically on the administration of the Act in workshops and work places, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State."

FACTORIES AND WORKSHOPS.

A definition of these terms I included in my last annual report. I also set out the division of the administration of the Act between H.M. Inspector of Factories, the City Engineer's Department, and the Health Department.

Fourteen references were received from H.M. Inspector, and, after being dealt with, a report to this effect was forwarded to him. These references are set out below in detail.

March 6th—Factory.

"Men's sanitary convenience consists of one long trough without any separation into cubicles."

Observations.

Building operations not complete on date of visit of Factory Inspector. Partitions between seats subsequently fixed.

March 6th—Factory.

“Sanitary conveniences consist of midden only.”

Observations.

Conveniences consisted of privies used by 15 men. Privies converted into water closets.

May 24th—Factory.

“Men’s sanitary arrangements dirty, no separation into cubicles, and badly arranged.”

Observations.

Trough closet without partitions, walls of closet and urinal dirty. Partitions provided to closet, and walls of closet and urinal limewashed.

May 24th—Factory.

“Sanitary conveniences for females consist of midden only. Entrances not screened nor labelled.”

Observations.

Conveniences consisted of pail closets and a midden. Pail closets converted into water closets and screened and labelled.

May 24th—Factory.

“Sanitary conveniences in corner of workrooms and not separated from workroom by through ventilated space.”

Observations.

Closets adjoining workrooms abolished, other adequate accommodation existing outside.

July 10th—Factory.

“Females’ sanitary conveniences situated in very public place in main gateway of factory, and entrance is not screened in any way.”

Observations.

The doorway of this w.c. opens into the hall entrance to the works. Screen provided.

July 10th—Factory.

“Sanitary conveniences — trough — dirty, and only flushed once a day, and that not automatically,”

Observations.

Trough cleansed, walls limewashed, and flushing improved.

August 9th—Workshop.

“ Dirty workshop.”

Observations.

Workshop limewashed.

October 20th—Factory.

“ Pan closet only.”

Observations.

The occupier proposes to build new factory, and arrange for extension of sewer to these premises so as to convert privy into w.c.

October 5th—Factory.

“ Earth closets only fitted.”

Observations.

Instructions have been given to plumber to convert pail closets into water closets. (Work since done).

October 10th—Bakehouse Factory.

“ Trays of cakes, etc., placed to cool in covered yard close to w.c., which is in corner of yard.”

Observations.

Water closet demolished, and two w.c.'s erected outside yard.

November 4th—Factory.

“ Sanitary accommodation very defective, consisting of open trough; no separation, and flushed only three times per day by hand. Odour bad.”

Observations.

Trough reconstructed, partitions provided, walls limewashed, flushing improved.

November 4th—Factory.

“ No roof on men's sanitary convenience, in general disrepair, and only flushed once a day.”

Observations.

Brickyard recently re-opened. Conveniences repaired and improved.

November 21st—Factory.

“ Women’s w.c. open to view from road, and entrance not screened.”

Observations.

This w.c. is situate at least 100 feet from the roadway. Screen fixed at front of door.

In addition there were five other references, which, coming more within the functions of the General Works Committee, were referred to the City Engineer.

One other reference relating to a w.c. leading directly off a workroom of a factory was investigated. I found that the workroom was only used by one girl, for whose convenience the w.c. existed, and the ground at the disposal of the factory was so limited that any other arrangement would have been more undesirable. The ventilation of the w.c. was improved, and I communicated my views to H.M. Inspector, who after the explanation given agreed to the condition remaining.

Factories, Workshops, Laundries, Workplaces, and Homework.

I.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries.)	154	19	0
Workshops (Including Workshop Laundries.)	811	22	0
Workplaces (Other than outworkers premises included in Part 3 of this Report.)	..	..	..
TOTAL	965	41	0

2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts:—*</i>				
Want of cleanliness	64	60	..	..
Want of ventilation	4	4	..	..
Overcrowding	0	0	..	..
Want of drainage of floors	0	0	..	..
Other nuisances	5	5	..	..
†Sanitary accommodation {	insufficient	9	8	..
	unsuitable or defective..	17	15	..
	not separate for sexes ..	2	2	..
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bakehouse (S. 101).. .. .	0	0	..	..
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	55	55	..	..
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report.)	..	..	..	..
Total	156	149	..	..

* Including those specified in Sections 2, 3, 7 and 8, of the Factory Act as remediable under the Public Health Acts.

† Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the Council; the standard of sufficiency of sanitary accommodation for persons employed in factories and workshops usually followed is that of one w.c. for each 22 persons

3.—HOMEWORK.

OUTWORKERS' LISTS, SECTION 107.															Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
NATURE OF WORK.	Lists received from Employers.				Numbers of Addresses of Out-workers received from other Councils. 5.	Numbers of Addresses of Out-workers for-warded to other Councils. 6.	Prosecutions.		Number of Inspections of Out-workers' premises. 9.	Instances. 10.	Notices served. 11.	Prosecutions. 12.	Instances. 13.	Orders made (S. 109). 14.	Prosecutions (Sections 109, 110). 15.					
	Twice in the year.		Once in the year.				Failing to keep or permit inspection of lists. 7.	Failing to send to send lists. 8.												
	Lists.* 1.	Out-workers.* 2.	Lists. 3.	Out-workers. 4.																
Wearing Apparel—																				
(1) making, &c.	4	22	4	18	..	3	..	..	34	3	1	..	..	..	..	
(2) cleaning and washing					
Lace, lace curtains and nets					
Furniture and Upholstery..	2	39	1	..	..	1	..	..	22	..	..	..	..	..	..
Fur pulling					
Umbrellas					
Paper Bags and Boxes	1	24	..	..	..	..	24	..	..	..	..	..	..
Brush making					
Stuffed Toys					
File making					
Electro Plate					
Cables and Chains					
Anchors and Grapnels					
Cart Gear					
Locks, Latches and Keys					

* The figures required here are the *total* number of lists received from employers who sent them both in February and August as required by the Act and of the entries of names of outworkers in those lists. They will, therefore, usually be double of the number of such employers and (approximately) double of the number of individual outworkers whose names are given, since in the February and August list of the same employer, the same outworkers' name will often be repeated.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.	Number.
Bakers	106
Confectioners	3
Watch Makers	143
Dressmakers	87
Tailors	52
Boot Makers and Repairers	57
Milliners	19
Joiners and Carpenters	23
Cabinet Makers	9
Cycle Repair Shops	17
Ironmongers and Smiths	15
Plumbers and Painters	14
Gas Fitters and Bellhangers	6
Pattern Makers and Brassfounders	5
Motor Accessories	2
Saddlers	5
Brewhouses	10
Tinworkers	9
Picture Framers	6
Laundries	4
Box and Bag Makers	3
Printers and Bookbinders	4
Card Stampers	2
Engravers, etc.	3
Marine Store Dealers	3
Coach Builders	3
Wheelwrights	5
Various	28
Total number of workshops on Register ..	643

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	3
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	15
Notified by H.M. Inspector	
Reports (of action taken) sent to H.M. Inspector ..	15
Other	0
Underground Bakehouses (S. 101) :—	
Certificates granted during the year	0
In use at the end of the year	0

BAKEHOUSES.

There are now 109 bakehouses on the register; 334 visits have been paid to these premises; 55 contraventions were observed, 45 of which related to limewashing and cleansing, and 10 to the repair of walls, floors and ceilings.

Plans have been examined for a new bakehouse, and also for alterations to two other bakehouses. These works were carried out before the close of the year. One old bakehouse has been demolished.

HOMEWORK.

The occupier of every factory or workshop (and every contractor employed by such) has to keep prescribed lists showing the names and addresses of all persons employed outside the factory or workshop in certain specified classes of work. The classes are specified by the Secretary of State, and a new Order, rescinding the previous Orders, was issued on May 23rd last. That part of it relating to lists of outworkers was as follows:—

I. Section 107 (relating to lists of out-workers) and Section 108 (relating to employment in unwholesome premises) shall apply to the following classes of Work:—

- The making, cleansing, washing, altering, ornamenting, finishing, and repairing of wearing apparel;
- The making, ornamenting, mending, and finishing of lace and of lace curtains and nets;
- Cabinet and furniture making and upholstery work;
- The making of electro-plate;
- The making of files;
- Fur-pulling;
- The making of iron and steel cables and chains;
- The making of iron and steel anchors and grapnels;
- The making of cart gear, including swivels, rings, loops, gear buckles, mullin bits, hooks, and attachments of all kinds;
- The making of locks, latches and keys;
- The making or repairing of umbrellas, sunshades, parasols, or parts thereof;
- The making of artificial flowers;
- The making of nets other than wire nets;
- The making of tents;
- The making or repairing of sacks;
- The covering of racquet or tennis balls;
- The making of paper bags;
- The making of boxes or other receptacles or parts thereof made wholly or partially of paper, cardboard, chip, or similar material;
- The making of brushes;
- Pea picking;
- Feather sorting;
- The carding, boxing, or packeting of buttons, hooks and eyes, pins, and hair pins;
- The making of stuffed toys;
- The making of baskets;
- And any processes incidental to the above.

The altered requirements of this Order were advertised by your Sanitary Committee in the local press. It will be seen from the table on page 95 that only a small number of lists is received. The outworkers contained in those lists have been visited by the Health Visitor.

Shop Hours Acts.

Number of shops visited	...	...	...	242
„ of inspections	...	...	242	} 325
„ of re-inspections	...	...	83	
„ of shops in which young persons were employed	...	...	...	131

In the majority of cases the young persons were found to be employed as errand boys, and the hours of employment well under the specified limit.

In 40 shops the notice relating to the provisions of the Act and stating the number of hours per week during which a young person may lawfully be employed was not exhibited. The non-observance of the Act in this respect was in most cases found to be rectified on the shops in question being re-visited.

Seats for Shop Assistants Act.

Number of shops visited where females were employed	...	...	...	...	30
Number of shops employing three or more female assistants	...	...	...	...	18
Number of shops without seats	...	...	...	...	1

Sanitary Prosecutions.

Only 21 instances arose during the year in which Magisterial proceedings were instituted by your Sanitary Committee. Ten of these related to adulterated food; four to unsound meat; one related to slaughtering on unlicensed premises; one to the conducting of a house as a Common Lodging House without its being registered as such; one to non-compliance with notice relating to limewashing; and four were applications for the closure of houses unfit for habitation. Particulars of these cases are given in the table at the end of this report.

Diseases of Animals Act and Orders of the Board of Agriculture.

Inspector Clarke, the Inspector under this Act, furnishes the following information :—

“ SWINE FEVER.

Eight outbreaks of this disease were reported during the past year. Each outbreak was investigated by the Veterinary Staff of the Board, who were of opinion that swine fever existed in three instances. In connection with these outbreaks it was found necessary to issue notices prohibiting the movement of swine on to, or from 22 premises.

The non-observance of the local authority's Regulations was reported in one instance, the offender being cautioned by the Executive Sub-Committee for making a false declaration concerning the movement of swine. During the year the Markets and Sale Yards have been visited from time to time, also the cattle trucks and pens at the Station inspected, to ensure cleansing and disinfecting, as required by the Orders of the Board.

ANTHRAX.

There has been no case of this disease reported during the year. Two suspected cases were investigated, but were not verified as Anthrax.

PARASITIC MANGE.

One case of Sarcoptic Mange was reported. The animal affected was isolated and kept under observation, and the usual disinfection of the stables and harness carried out. No further outbreak occurred.

SHEEP SCAB.

There was no case of Sheep Scab observed by the Veterinary Inspector at the Markets or Sale Grounds.

SHEEP DIPPING (ENGLAND) ORDER, 1907.

This Order prescribes that the dipping period in each year shall commence on the fifteenth day of May, and terminate on the thirty-first day of August, during which period all sheep in the dipping area shall be caused to be dipped by the owner or person in charge thereof.

The Order was published in the usual manner, and circulars posted to sheep owners and others concerned, but owing to the

numerous—and in some respects confusing—requirements of the Order, it was found necessary to issue fifty-two letters with respect to various infringements.

A considerable amount of time has been taken up in visiting premises concerning the dipping and movement of sheep, obtaining returns, and giving effect to the Order.

Two detention notices were issued for non-observance of the Order, and 127 declarations were received.

Owing to this Order being entirely a new departure, and enforced generally for the first time this year, it may reasonably be expected to cause less inconvenience to persons concerned in the future.

THE GLANDERS OR FARCY ORDER OF 1907.

Amongst other things this new Order revokes the Order of 1904, and requires local authorities to destroy not only horses, asses, and mules, which show clinical symptoms which are definite evidence of disease, but also those in which the application of the Mallein test has resulted in definite evidence of disease.

The provisions of this Order have been duly published, and circulars sent to 63 horse owners in the City. No case has been reported in this district for several years past."

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats' Acts, furnishes the following information on this subject:—

"The steps taken by the Sanitary Authority to give effect to the Acts and Regulations are indicated by the following information:—

Total number of boats on the Register ...	...	294
„ „ „ „ Registered during the year	17	
„ „ „ visits to Canal ...	...	52
„ „ „ boats inspected ...	...	104
„ „ „ persons for which the Cabins were registered ...	...	273
„ „ „ persons occupying the Cabins ...	213	
„ „ „ boats contravening the Regulations	5	
„ „ „ complaint notes issued ...	5	
„ „ „ legal proceedings instituted ...	0	

Nature of Infringements:—

Absence of certificate ...	...	...	...	1
Overcrowding ...	...	...	...	1

Separation of Sexes	2
Painting	3
Dilapidations	4

The cabins on the whole were found to be kept in a fairly satisfactory condition."

Water Supply.

Your Waterworks Engineer kindly informs me that during the twelve months, 683,701,096 gallons of water have been supplied by your Corporation Waterworks to your City. This amount corresponds to a daily consumption of 1,873,153 gallons.

This gives an average consumption of 21 gallons per head per day. The comparison of this figure with that of previous years is given below :—

	Amount supplied per day.	Estimated popu- lation served.	Amount per head per day.
1897 ...	1,420,000 gals.	... 61,234	... 23 gals.
1898 ...	1,577,207 „	... 61,555	... 25 „
1899 ...	1,723,926 „	... 61,796	... 27 „
1900 ...	1,896,106 „	... 62,037	... 30 „
1901 ...	1,649,292 „	... 62,200	... 25 „
1902 ...	1,670,749 „	... 67,330	... 25 „
1903 ...	1,678,461 „	... 72,550	... 23 „
1904 ...	1,633,098 „	... 75,250	... 21 „
1905 ...	1,775,229 „	... 78,917	... 22 „
1906 ...	1,913,430 „	... 82,600	... 23 „
1907 ...	1,873,153 „	... 85,800	... 21 „

The results of the periodical analyses which have been made of the public water supply are shown in the accompanying table. They show that though hard the water is remarkably free from fresh organic pollution.

Owing to the varying amounts of Nitrogen as Nitrates in the Whitley water which have been shown from time to time, your Waterworks Committee determined to have a bacteriological examination of this water made, and on my advice they have ordered that this examination should be continued monthly for a period of six months, when the question of their continuance will be again considered. These monthly examinations are now being made.

During the year your Council obtained the passage through

Parliament of an Act which enables you to obtain a daily supply of two million gallons of water from the Shustoke Reservoir, a supply of surface water belonging to the City of Birmingham, and not now required by them; the Act also contains important provisions enabling this City, under certain circumstances, to participate in the supply of Welsh water now enjoyed by Birmingham.

The question of covering in the tank at Spon End has been before your Waterworks and Fire Brigade Committee, and it has been referred to your Waterworks Engineer to prepare a plan with estimate.

Results of Analysis expressed in parts per 100,000.

WHITLEY WATERWORKS.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1907.										
Jan. 8	0·002	0·002	3·7	0·44	0	62	4·10	24·65	28·75	Bright, many small particles
Feb. 7	0·003	0·001	3·7	0·66	0	62	7·68	21·07	28·75	
,, 19	0·001	0·002	3·8	0·44	0	62	7·62	21·20	28·82	
Mar. 9	0·001	0·002	3·7	0·385	0	62	7·54	21·00	28·54	Bright and clear
April 9	0·001	0·002	3·7	0·44	0·015	64	6·44	22·32	28·76	
May 7	0	0·003	3·9	0·33	0·012	58	4·22	24·00	28·22	
June 8	0	0	3·8	0·66	0	64	7·20	23·80	31·0	Bright, few small particles
July 5	0·001	0·002	3·8	0·66	0·009	62	6·62	22·40	29·02	
Aug. 13	0	0·003	3·7	0·55	0·008	68	8·02	23·60	31·62	
Sept. 10	0·001	0·0005	3·7	0·55	0·02	63	11·23	20·75	32·0	Clear and bright
Oct. 8	0	0·001	3·8	0·44	0·005	66	7·02	22·60	29·62	
Nov. 8	0	0·001	3·8	0·55	0·004	68	4·68	28·00	32·68	
Dec. 10	0·001	0·001	3·8	0·44	0·003	68	4·20	24·22	28·42	

DOEBANK WELL, SPON END.

1907.										
Jan. 8	0·001	0	2·2	0·22	·002	50	11·98	13·14	25·12	Bright and clear
April 9	0·001	0·002	2·1	0·33	0·013	48	8·42	16·80	25·22	
July 5	0·001	0·002	2·3	0·33	0·010	48	8·20	17·00	25·20	
Oct. 8	0	0·001	2·3	0·22	0·003	52	8·90	17·70	26·60	

TANK, SPON END.

1907.										
Jan. 8	0	0	1·6	0·22	0	40	10·22	14·00	24·22	Pretty clear, many small particles
April 9	0·002	0·002	2·0	0·33	0·028	42	7·90	16·22	24·12	
July 5	0·001	0·002	2·2	0·33	0·018	46	7·82	16·60	24·42	
Oct. 8	0·001	0·002	2·1	0·33	0·029	50	8·46	16·98	25·44	

Private Water Supplies.

During the year six samples of water from private wells have been analysed. Two of these were from factories, and were made by request; these were found to be good water. The other four samples were from wells supplying private houses; all of these were found to be polluted, and the owners were communicated with. In one instance, where the communication received no attention, the owner was summoned, and an order was obtained from the Magistrates that the well water should not be used for drinking or domestic purposes, and the owner undertook to lay on the town supply.

Insufficient Water Supply in Courts.

Whenever it is found that a larger number than eight houses have between them only one water tap, I forward an intimation of this fact to the City Engineer; the standard of eight houses to one tap is one which has been fixed by your Sanitary Committee, as one below which they will not regard the supply as a proper one; the standard is one which cannot be said to be too exacting; during the year I have forwarded to your City Engineer 26 instances where this standard was not attained; in these cases your City Engineer reports the matter to your Sanitary Committee; by the wording of the Public Health Act, the report to that Committee has to be made by the Surveyor; and when reported, your Committee have made the necessary order for the supply of the requisite number of taps.

Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year :—

	Cubic yards.		Cart loads.
Ashpit refuse removed	6,734	=	3,367
Ashbin „ „	41,112	=	20,556
	<hr/> 47,846	=	<hr/> 23 934

In 1906 the amount was as follows :—

	Cubic yards.		Cart loads.
Ashpit refuse removed	7,587	=	3,794
Ashbin „ „	36,519	=	18,259
	<hr/> 44,106	=	<hr/> 22,053

The ashpit refuse is gradually diminishing corresponding to the gradual disappearance of the old-fashioned deep ashpit.

It is now, I think, on all hands, agreed that the method of disposing of house refuse in a large urban community by "tipping" is far from being a sanitary proceeding. During the year the preparation of a scheme for a refuse destructor has been under the consideration of your General Works Committee, and during the printing of this report a scheme is being submitted for your approval.

Sewage Disposal.

The sewage of the city is disposed of by broad irrigation on the Sewage Farm at Baginton, some two miles outside the City. To reach that farm it has to be pumped by the sewage pumping station at Whitley. I am given to understand that that farm has been fairly effective in dealing with the sewage in such a way that the effluent has been satisfactory. I understand that the effluent has been regularly subjected to a chemical analysis, and that the results of those analyses show that owing to the unprecedented increase in the size of the town, the present farm may ere long be found to be inadequate if carried on on the present principle; in other words, this will mean either that the area of the farm will have to be extended, or that some bacterial system will have to be introduced.

Coventry Fair.

(Extract from Report to Sanitary Committee May 27th, 1907.)

"The dwelling vans which occupied the Pool Meadow during Whitsun Week were visited, and enquiries made concerning the number of occupants, the state of their health, the condition of the vans, and the previous town visited.

All the vans were found to be clean, and no illness among any of the occupants was reported. The number of living vans was 40, against 43 in 1906; there were 116 occupants (39 men, 37 women, and 40 children), against 129 in 1906; in addition there were about 309 other persons employed at stalls, etc., who were not dwelling in the vans.

More ample provision of sanitary arrangements existed than has been the case in some previous years."

Health Visitor.

A Lady Health Visitor (Miss Strover) was appointed by your Council, on the recommendation of your Sanitary Committee. Miss Strover commenced her duties on February 21st, 1906.

The duties attached to this office are set out below :—

Duties of Health Visitor.

1. Visits to poorer houses where births have occurred, to instruct mothers in regard to the feeding and care of infants.
2. Inspection of Workshops employing female labour.
3. Visits in connection with infectious or other diseases.
4. Visits to houses in regard to cleanliness, etc.
5. Visits under the Midwives Act.
6. Visits under the Shop Hours' Acts, and Seats for Shop Assistants' Act.
7. To act under the direction of the Medical Officer of Health, and perform any other duties he may require.

Miss Strover's report as to her work during the year I am appending below ; it is grouped as far as possible under the headings of the above-mentioned duties. These have been increased during the year through the voluntary notification of consumption, which has been adopted by your Council. And it has been apparent that the cases, where repeated visits seem desirable, cannot be sufficiently visited by one Health Visitor. Concerning the visits that have been brought about by the notification of infectious ailments among school children, and the pointing out of remediable defects to parents, I have during the writing of this report presented a report to your Elementary Education Committee, which has been distributed to your Council ; and the question of the appointment of further Health Visitors for this and other work in connection with the schools has been under your consideration.

Miss Strover reports as follows :—

(1) Births. During 1907 there were 2,517 births registered. Of these I visited 1,251, and paid 369 re-visits. I advised the mothers as to feeding, clothing, cleanliness, and general management of the infant—the food required by the mother for the supply of breast milk, the cleanliness and ventilation of the home. This advice is very well received, and if my visit is delayed I am often reminded that “ they have been expecting me before.” The

BIRTHS VISITED DURING THE YEAR 1907.

Total number, 1,251.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed	940	75·1
(2) Hand and breast fed	135	10·7
(3) Entirely hand fed	160	12·7
(4) Unable to take any nourishment...	2	.1
Kind of food—		
(1) Fresh cow's milk and water ...	190	64·4
(2) „ „ with barley or oatmeal water	40	13·5
(3) „ „ and Patent Foods	35	11·8
(4) Condensed Milk	9	3·0
(5) Milk and other Foods	21	7·1
Kind of bottle—		
(1) Boat shape	107	36·2
(2) Tube... ..	115	38·9
(3) Both	14	4·7
(4) Spoon	59	20·0
Class of house : rent—		
(1) Up to 5/-	855	68·3
(2) Above 5/- up to 8/-	371	29·6
(3) Above 8/-	11	·8
Overcrowded Houses—		
More than two persons } per bedroom } No. of houses	793	
Not classified—		
Wrong address given, or removed and cannot be traced	14	

interest of the mothers is greater than formerly, and with a little persuasion wrong feeding or improper treatment is usually overcome.

A record card is kept for each baby visited, showing the kind of food, the way it was given, the state of the baby's health, and certain particulars as to the condition of the premises.

The table on page 106 shows the sum total of some of the particulars obtained. It will be noticed that the greater number of babies are breast fed entirely, and shows an increase of six per cent. upon last year. I found, in 295 cases only, that the baby was put to sleep at nights in a cot, or a suitable substitute for such, instead of sleeping with the mother. Often I find the fretful and sickly baby being fed with the wrong kind of food, or at wrong times, and in wrong quantities, and biscuits, bread, and other starchy foods are given before the infants are old enough to digest them. Mothers are glad to receive the leaflet, "Hints on Feeding Infants." Arrangements are now made with the Registered Midwives for them to leave these leaflets at the time of birth in cases attended by them. As the notification of births to the Health Department is often delayed for some weeks, this process provides these mothers with the leaflets earlier than would otherwise be the case.

Enquiries were made into the deaths of 104 infants; 95 of them were under twelve months old. All infants suffering with diarrhœa notified on the returns of pauper sickness, or learnt of in any other way, were visited and often re-visited, to try to secure proper attention to the baby, and to prevent the spread of infection; and where medical advice was not being received, the mother was advised to obtain it. In the 23 cases of death from diarrhœa, it was found that 6 were said to have been entirely breast fed, 10 others with a tube bottle, and 7 breast and hand fed. Thirteen had been fed with cow's milk and water, one with cow's milk and barley water, one Swiss milk and water, one with a patent food, and one with baked flour in addition to having the breast.

In most cases of death I found the body being kept till burial in a bedroom used at the time by others of the family.

(2) Workshops. Twenty workshops where female labour is employed have been visited on one or more occasions.

Outworkers. Nine firms have sent in 12 lists of outworkers, notifying 103 outworkers employed. These have all been visited, and premises inspected. Three instances where cleansing of premises was required were found, and were reported to the Inspectors. Four outworkers were notified to other Councils.

Under the Shop Hours Act and Seats for Shop Assistants Act, 30 shops have been visited, and the requirements of the Acts found to be satisfactorily improved upon from last year, only five being found without the required "Notice."

Seats are well provided in shops where female assistants are employed.

(3) Infectious Diseases, etc. Visits to 914 notified cases of infectious diseases, viz., 687 Measles, 156 Chicken Pox, 10 Whooping Cough, 31 Ringworm, 5 Puerperal Fever, 2 Itch, and 15 cases of or contacts with Scarlet Fever. Many re-visited, and all reported upon to the Medical Officer of Health.

Phthisis. Notifications of Phthisis reported by medical men or in the returns of pauper sickness have numbered 59. These I have visited and noted particulars on a record card for each patient, and left printed instructions concerning precautions advisable. I have also urged where necessary the importance of having more fresh air, and taking more precautions against spreading infection. Thirty-one of these cases have died since the notifications were received.

By request of the Medical Officer of Health, 62 cases of defective sight, and 8 other defects occurring amongst school children have been visited, and the parents urged to obtain proper medical treatment for the children.

(4) There were also 557 visits paid in respect to births prior to being registered, overcrowdings, dirtily kept children and dwellings, suspected cases of illness, enquiries for information for Medical Officer of Health, inspections of public female lavatory accommodation, food samples bought, etc.

(5) Twenty-four Midwives notified their intention to practise during 1907. One of these has since left the town.

There have been 37 still-births notified by midwives as occurring in their practice; and 75 others certified by medical men appear in the returns furnished by the Cemetery

Superintendent. One hundred and seventy-three notifications of having required medical assistance have been received from 14 midwives.

Each midwife has been visited, and inspections made of her registers, bag, and clothing, most of which show improvements over the conditions found last year. Some of them have been repeatedly visited for information required, or to ascertain if previous instructions were being acted upon; in all 46 visits have been paid to them."

The Notification of Births Act, 1907.

The following is an extract of a report which I made to your Sanitary Committee on October 15th, 1907, concerning this Act:—

The Notification of Births Act, 1907.

"This Act is an adoptive Act which may be adopted by any local authority with the consent of the Local Government Board.

The law in regard to the registration of births has been that the parents have had to personally cause to be registered at the office of the district Registrar the birth of a child within 42 days of such birth. This registration is not altered by the adoption of the present Act.

By an existing arrangement with the District Registrars this, as well as many other authorities, obtains from the Registrars lists of the registrations which they effect each week; the local authority pays at the rate of 2d. per entry for these returns.

So that the information obtained may be as late as seven weeks after the birth of a child.

The object of the present Act is to place this information in the hands of local authorities at an earlier period, so that any effort that may be made, by means of Health Visitors or otherwise, to educate mothers as to the best way of rearing their children, may be made at an earlier period in the life of the child.

When adopted, the Act makes it the duty of the father of the child, if he is actually residing in the house where the birth takes place at the time of its occurrence, and if not any person in attendance upon the mother at the time of, or within six hours after the birth, to give notice in writing of the birth to the Medical Officer of Health of the District.

This notice shall be given by posting a prepaid letter or postcard to the Medical Officer of Health, giving the necessary information of the birth within thirty-six hours after the birth, or by delivering the notice within the same time; and the local authority has to supply without charge addressed and stamped postcards containing the form of notice, to any medical practitioner or midwife within the area who applies for the same.

Any person who fails to give notice in accordance with this Act is liable to a penalty not exceeding 20s.; provided that a person shall not be liable to a penalty if he satisfies the Court that he had reasonable grounds to believe that notice had been duly given by some other person.

It is now too late to criticise the Act, but there are some difficulties about it which may well be pointed out at a time when an Authority may contemplate its adoption:—

(1) I think that it is to be regretted that a complication is hereby introduced into the registration of births; a father will now not only have to *register* the birth with the Registrar within six weeks as heretofore, but he will also have to *notify* the birth to the Health Authority within 36 hours. It would, I think, have been very much better if the registration period had been shortened, and this double process have been avoided.

(2) Such a shortening of the registration period might well have been accompanied by a change of venue of the registration from the District Registrar to the only Authority that has any interest in the births, viz., the Local Sanitary Authority. That a local Sanitary Authority should up to now have been left without any information concerning the births or deaths, or the causes of deaths which occur in its area, except by paying for such information from the Registrars, who are appointed by another body, is clearly an anomaly.

(3) The informal character of the notification is likely not only to increase very much the office work entailed, but will create a difficulty in ever convicting any one under the Act.

It is only necessary for the defence to say that a postcard giving the necessary information was sent; and it will not be possible to show that this was not the case; it will only be possible to prove that no such postcard has been received. Or,

again, it will only be necessary to reasonably allege that the defendant had reason to believe that someone else would notify the birth.

(4) It may not be of general interest, but it is, I venture to think, an injustice to the medical profession to compel them to be responsible, failing notification by the father, for the notification; this has to be done without fee, and under a penalty. As with the Registration, this duty is certainly a parental one.

(5) The Act provides for the right of the District Registrar to have access to the notifications and books relating to them kept by a local authority. It does not give the local authority equal access to the books of the Registrar. In order therefore that this local authority may be able in any way to check the notifications received, it will be absolutely necessary to continue the practice of obtaining and paying for the weekly returns of births.

In 1906 there were 2,422 births in Coventry, so that the cost of this amounted to slightly over £20.

(6) In spite of these criticisms of this Act I feel bound to advise its adoption. The services of a Health Visitor may be expected thereby to be of considerably more advantage to the community.

I have, however, to point out that the informal character of the notifications required, coupled with the fact that one birth may be notified by two or three different persons, and that these notifications will have to be carefully compared with the lists subsequently received from the Registrars, will add a considerable amount of clerical work to the office, which cannot possibly be undertaken by the present staff.

Already the clerical work of the Health Department is more than can be accomplished by the present staff, and it occurs that on two to four evenings a week both of the present clerks have to be at the office at work. And even so, a large amount of work has to stand over for convenient seasons.

I cannot therefore consistently recommend the adoption of this Act, which will represent a material and permanent addition to the clerical work without pointing out the necessity at the same time of appointing a further Junior Clerk.

If your Committee decides to recommend the Council to adopt this Act, one calendar month's notice of the meeting and of the intention to propose the resolution must be given to every member of the Council.

The resolution of adoption will have to be published in one or more local papers, and a copy of the resolution will have to be sent to the Local Government Board for its approval.

One month *at least* will have to elapse after the first publication of the advertisement before the Act can come into force; so that it will be January, 1908, at least, before the Act can be in operation."

Your Sanitary Committee adjourned the consideration of this matter for a month, and on subsequently considering it at the termination of the month further adjourned it for six months.

References to other Departments.

These included 335 references to the City Engineer, 143 to the Waterworks Engineer, and 399 to the Education Department.

The character of the references to the City Engineer is set out in the following table :—

Unauthorised erections	...	...	...	15
Dangerous buildings and chimneys	...	...	...	14
Dangerous condition of roads and pavements	...	...	...	3
Foul gullies in courts	...	...	...	40
Foul and defective street gullies	...	...	...	72
Complaints of stench from open manhole covers to sewer	...	...	...	12
Foul and obstructed sewers	...	...	...	24
Ashpits and ashbins requiring emptying	...	...	...	115
Privies and cesspools requiring emptying	...	...	...	27
Offensive ditches or open sewers	...	...	...	2
Accumulations of manure, refuse, etc.	...	...	...	7
Premises improperly used as dwellings	...	...	...	3
Refuse deposited on unfenced land	...	...	...	1

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Education Department have related to children who have suffered from infectious disease, or who lived in houses where infectious disease was present.

The Development of a Health Department.

With one or two exceptions the Health Department of a town has been a growth of quite recent development. It was in the first instance forced on all authorities by the Public Health Act of 1875. It is quite certain that if local option in this matter had been predominant, there would be a number of authorities which would still regard such a department as quite a useless redundancy. It is not surprising therefore to find that the functions of such a department have often been regarded as excessively limited. This accounts for the fact that in many districts, in order to appear to justify the employment of a whole-time officer as an Inspector of Nuisances, other quite unrelated duties have been added. In some districts this has been done by making the Inspector also the Surveyor, or the Building Inspector, or even the official having to do with the granting of licenses under the Petroleum Acts. Remnants of such an appointment exist in this City, in that your Chief Inspector is the Inspector under the Contagious Diseases of Animals Act. This Act relates to matters which cannot be said to have any direct relation to the health of the inhabitants; it has considerable importance from the point of view of agricultural interests, but that is another matter; the Act is under the supervision of the Board of Agriculture, a Board so active indeed that various notifications that have to be made to it have to be made by telegram; a case of a pig suffering from any illness may be at once suspected as suffering from Swine Fever; information is telegraphed to the Board, and one or more Inspectors from that Board immediately come down to investigate the matter. Nothing but praise can be given to such alertness, but from the point of view of the association of such adventitious work with the Health Department, there is this to be said, namely, that it is not a good training for Sanitary Inspectors, in that in the course of time they attach to the occurrence of a case of suspected Swine Fever among pigs, very much more importance than they do to

six cases of Typhoid Fever among human beings, and a very much larger amount of time and intelligence is devoted to the tracing of the cause of the Swine Fever. In most districts this function is allocated to the Police, and I venture to opine that it is thus very much better placed than in a Health Department, whose energies should be better directed into other channels.

In this City there has existed a tendency to place in the Health Department any functions which do not definitely belong to any other department. In recent years the Shop Hours Acts have been added to that Department as a part of its functions. During the past year—and I am bound to add that I advised against it—the “American Gooseberry Mildew Order,” 1907, of the Board of Agriculture has been added. This is an affection of gooseberries, which is neither directly nor indirectly related to the health of the community; it is of purely horticultural moment; gooseberries so affected are unsaleable; this affection of gooseberries has therefore no relationship to health. During the past year I was requested by the Executive Sub-Committee of the Sanitary Committee to report on the “Fertilisers and Feeding Stuffs Act” of 1906. After considerable work I did so, and I showed that the Act, although of agricultural moment, had neither any direct nor any indirect influence on the health of the community, and no action under the Act was taken.

The administration of the Food and Drugs Acts is entrusted to your Sanitary Committee; yet in the main these are Acts directed towards the detection of fraud, and are therefore mostly police matters; to quite a small extent they may be said to be related to the health of the community.

During the last few months the question of the administration of the Education (Administrative Provisions) Act, 1907, has been before some of the Committees of your Council, as well as before your Council itself. This is the most important Act relating to the health of the community which has had to be considered for the last thirty-three years, and the opinion has been openly advocated here that the administration of this Act should be entrusted to a new and separate department; having had some experience of both kinds of work, I venture to think that if such opinions should prevail, the real “health” department of the Corporation will in a few years be that controlled by the Education Committee of your Council.

The Inspection of the District and the Sanitary Staff.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows :—

CITY OF COVENTRY.

Particulars of work carried out under the supervision of the Public Health Department during 1907 :—

DRAINAGE AND PAVEMENT.

Drains opened and cleansed from obstruction	...	266
Drains provided with efficient traps	...	244
New drains and intercepting chambers provided	...	275
Drains relaid	...	135
Sink drains disconnected from the sewer	...	5
Drains tested	...	396
Soil pipes improved	...	8
Courts and back yards paved and repaired	...	85

DWELLINGS.

Floors of dwellings relaid or repaired	...	239
Dilapidated walls and ceilings repaired	...	135
Damp walls—damp courses inserted	...	24
Roofs repaired and made weatherproof	...	85
Dangerous stairs repaired	...	18
Additional windows provided and others made to open	...	82
Defective spouting repaired	...	79
Pantry ventilation improved	...	63
New sinks provided	...	14
New waste pipes provided and others repaired	...	36
Foul cellars cleansed and defects in drains remedied		7
Houses limewashed and cleansed	...	329
Houses limewashed and cleansed after infectious disease	...	143
Cases of overcrowding dealt with	...	18

WATER CLOSETS AND URINALS.

Additional water closets provided	...	44
Water closets reconstructed	...	64
Water closets repaired and limewashed	...	177

Water closets provided with new basins and traps	114
Defective joints in flush pipes repaired	49
Foul water closet basins and traps cleansed ...	263
Defective water closet cisterns repaired	141
New flushing cisterns provided	54
Urinals cleansed and reconstructed	29
Urinals abolished	2

PRIVIES, ASHPITS, AND DUSTBINS.

Offensive privies and pail closets converted into w.c.'s	43
Offensive privies and pail closets abolished ...	119
New water closets erected in place of above ...	109
Offensive ashpits abolished	106
Sanitary dustbins provided in place of above ...	292
Sanitary dustbins provided at other houses ...	388

VARIOUS.

Smoke nuisances dealt with	96
Nuisances from animals kept, abated	59
Offensive accumulations removed	126
Courts and back yards cleansed by tenants ...	73
Gipsy tents and vans removed	29
Miscellaneous	106

Totals for 1907 ... 5,169

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table:—

Number of visits to premises	20,527
Number of notices issued	1,651
Number of letters issued	1,831
Number of summonses issued for non-compliance with notice to abate nuisances	1
Number of nuisances remaining unabated ...	12
Number of registered premises under supervision (not including workshops)	333
Number of visits paid to registered premises...	2,546

It is satisfactory to say that for the first time for some years something has been done in the way of systematic inspection.

Summary of Inspector's Work.

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	Total for 10 years.
No. of drains opened and cleansed from obstruction ...	91	87	157	169	124	208	208	278	299	266	1,887
drains provided with efficient traps ...	404	257	246	374	350	247	371	373	306	244	3,172
new drains provided to premises ...	41	19	33	15	307	360	194	398	370	410	2,147
sink drains disconnected from the sewer ...	17	8	42	37	18	11	13	16	10	5	177
new sinks provided and others repaired ...			56	48	42	21	62	69	31	14	343
floors of houses relaid or repaired... ..			295	298	228	320	308	193	270	239	2,151
roofs of houses repaired and made weatherproof...			104	67	130	130	163	86	118	85	883
defective spouts repaired			63	65	133	138	147	123	131	79	879
houses limewashed and cleansed	344	422	721	301	271	317	325	345	509	329	3,884
houses cleansed after infectious disease ...		115	174	623	228	222	125	152	118	143	1,900
offensive privies or pail closets converted into water closets	39	17	42	8	62	122	211	223	183	43	950
offensive privies and pail closets abolished ...			81	62						119	262
new water closets erected in place of above ...		71	61	54	177	188	108	76	68	44	873
additional new water closets provided ...	26		91	31	63	91	46	40	29	54	445
water closets provided with new cisterns... ..			105	85	138	166	115	150	128	114	1,794
“ “ “ new basins and traps			302	254	395	321	293	433	519	263	2,780
foul water closet drains cleansed	451	342	369	159	389	216	184	195	167	141	1,820
defective W.C. cisterns, etc., repaired ...			274	236	171	188	210	159	106	106	1,904
defective ashpits abolished... ..	20	434	723	539	327	448	405	330	208	292	4,116
sanitary dustbins provided in place of the above	143	701	423	408	490	176	152	123	180	388	3,028
“ “ “ to other premises	252	436	19	25	30	24	27	34	25	29	265
urinals cleansed, repaired and reconstructed ...	38	14	48	68	101	182	176	183	145	85	1,144
courts and backyards paved and repaired ...	92	64	16	45	78	92	99	113	115	59	664
nuisances from animals kept, abated	19	28	39	43	29	44	64	63	116	126	590
accumulations of manure, etc., removed ...	39	27	25	20	23	22	39	26	42	96	334
smoke nuisances dealt with	18	23	15	11	6	31	23	23	44	18	201
cases of overcrowding dealt with	5	25									
vent and soil pipes removed or replaced and miscellaneous sanitary improvements effected	57	73	93	613	309	170	1406	1528	1,839	1,269	7,357
	2,096	3,163	4,617	4,658	4,619	4,455	5,474	5,732	6,076	5,169	46,059

Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
No. of visits and re-visits to premises	13,381	12,805	23,275	19 244	18,039	17,244	15,491	17,729	21,856	20,527
„ notices issued for abatement of nuisances	1,384	1,612	2,957	2,966	2,023	2,285	1,566	1,354	1,367	1,651
„ letters „ „ „ „	225	330	392	402	462	467	327	1,118	1,279	1,831
„ summonses issued for non-compliance with notices served to abate nuisances	3	5	12	5	4	0	4	5	0	1
„ nuisances remaining unabated after expiration of notice	10	10	9	6	32	36	25	29	23	12
„ registered premises under supervision	329	349	377	388*	278	296	319	333	329	333
„ visits paid to registered premises... ..	1,379	1,291	1,863	1,310	1,334	1,516	2,216	2,305	2,311	2,546
„ references to City Engineer		1,148	910	782	699	648	532	397	233	335
„ references to Water Engineer		79	236	178	227	138	103	165	119	143
„ references to Education Department							365	365	532	399
„ drains tested			32	65	113	414	438	432	524	396

* After this date the bakehouses are not included, being classed as workshops.

In the Chauntry area this has included both an internal and an external examination of all the houses; systematic external inspections have also been made in selected streets in Grey Friars' Ward, All Saints' Ward, and Chapel Fields.

An addition to the staff of Assistant Inspectors was made during the year by the promotion of Mr. Shelley from the post of Senior Clerk.

I regret to say that two Assistant Inspectors left the Department during the year, having been appointed to positions elsewhere; one further resignation has occurred in the early part of this year. We may perhaps pride ourselves as affording a good training ground for inspectors; this is, however, small consolation, in the face of the fact that for the first year or so of an inspector's time here his services are of limited value, and he leaves at a time when his value has reached its maximum; it is open to question whether the system is the best one so far as the work of the Department is concerned.

The comparison of the tabulated work with that of previous years is set out in the tables on pages 117 and 118.

I am appending to this Report my Annual Report to the Education Committee, a list of the Magisterial proceedings which have been necessary during the year, an extended schedule of the ages at, and causes of, death, a return of the samples taken under the Food and Drugs Acts, and also copies of reports of delegates to the Congress of the Royal Institute of Public Health and the Second International Congress of School Hygiene which was held in London, and the International Congress of Hygiene and Demography which was held in Berlin. There is also a map showing the distribution of those cases of Scarlet Fever, Typhoid Fever, and Diphtheria, which have been notified during the year.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

E. H. SNELL,
Medical Officer of Health.

Public Health Department,
Coventry, March, 1908.

CITY OF COVENTRY.

Third Annual Report to the Education Committee.

To the Education Committee of the Corporation of Coventry.

LADIES AND GENTLEMEN,

In October, 1905, the Council, on the recommendation of your Committee, did me the honour of appointing me Medical Officer to your Committee. The duties attached to the office were as follows:—

- (1) To examine children apparently defective in hearing, vision, or mind.
- (2) To visit children when there is a doubt as to their fitness to attend school.
- (3) To medically examine candidates for pupil teacherships.
- (4) To visit servants of the Committee absent from school if found necessary.
- (5) To visit each school not less than twice a year with the object of medically examining children and making a sanitary survey of the premises, and to present to the Committee once a year a report of his work, and to make such special reports from time to time as may be necessary.

Since October, 1905, therefore, your Committee have been voluntarily carrying out, through me, some amount of medical inspection in schools, both of the schools and of the scholars. A somewhat similar system of inspection has also been adopted by some other educational authorities. It has long been recognized that the medical inspection of children must follow as a necessary corollary compulsory school attendance. The authority that compels attendance cannot entirely shelve the responsibility of determining whether children so compelled are in a fit state to attend; the determination of their physical fitness and equipment for school life must sooner or later be recognized as a

duty to be undertaken by the authority. Yet it has been a fact that the recognition of this principle in this country has been tardy. This country has been the last among all the important civilized nations to adopt any national system of school medical inspection. Until now everything that has been done has been of a purely voluntary character on the part of local authorities, and regarding the country as a whole, what has been done has been of a very meagre character; and your Committee is aware that it has received little central encouragement; for on the purchase of two weighing machines for weighing and measuring the children in two of your schools your Committee were threatened with a surcharge.

However, all this is now altered by the passing of the Education (Administrative Provisions) Act of 1907. After the passing of this Act the Board of Education created a Medical Department to advise it concerning the carrying out of the 13th Section of this Act; and, subsequently, on November 22nd last, that Board issued a lengthy Memorandum dealing with this Section, which set out very fully the steps which the Board would regard as necessary for each Authority to adopt in order to put the Act into force.

As I have recently reported to the Elementary Education Subcommittee on this Memorandum, and that report has been approved by your Committee, it is unnecessary for me to refer to it further here.

In previous years I have sub-divided this report into sections corresponding to the duties laid down by your Committee. In practice I find that this is not a good classification, in that it does not prevent overlapping. At the same time I think it will be convenient to adhere to it in this report, since your Committee, to comply with the requirements of the before-mentioned Act, will be about to adopt a fuller form of inspection, and any change can better be postponed until that system is inaugurated.

(1) *Children apparently defective in hearing, vision, or mind.*—These are referred to later under the medical inspections of scholars.

(2) *The examination of children concerning whom there is a doubt as to their fitness to attend school.*—Thirty-three children have been referred to me by your Secretary under this heading, and 28 other children have been referred to me by Head Teachers; in a few instances parents have referred this question to me. Reports concerning the 61 cases enumerated have been sent to your Secretary or the Head Teachers.

(3) Thirty-two candidates for pupil teacherships have been referred to me for examination, and a report concerning the state of health of each has been sent to your Secretary. Form 42, issued by the Board of Education, has been used for this purpose.

(4) *Servants of the Committee.*—I have only been asked to report concerning two servants of your Committee during the year. In one other case I was asked by a Head Teacher for an opinion concerning the advisability of a scholar with visual defects proceeding to attempt to become a teacher.

(5) (a) *Visits to School Departments.*—Each department has been visited by me at least once in each six months. There are 48 departments, and 124 visits have in all been paid by me. In connection with the sanitation of the schools numerous visits have also been paid by the Sanitary Inspectors; and in regard to the cleanliness of children visits have been paid by the Nurse employed temporarily from the City Hospital.

Your Committee will fully appreciate the fact that the children that are examined in the course of these visits by me are specially selected either by the Head Teachers or by myself; and in this lies the distinction between the examination of scholars which has hitherto been attempted and that which is contemplated under the new Act, which provides that *all children* shall be medically inspected at least three times during their school career.

Further, the medical inspection which has been attempted has been confined to that inspection which was possible without touching the children. This will in the future be altered, and a more complete examination will be called for. The children which I have examined in this way during my visits to the schools in 1907 number about 800. The number concerning whom cards have been made out to ensure subsequent examination have been 613. And of these 418 continue under observation, *i.e.*, they will be seen (if they have not left) at the next examination.

In order to secure the co-operation of the Head Teachers in this examination I have made a point of giving the Head Teachers a written notice of an intended visit, so that a note might be made of children selected for examination. The number so selected in the different departments have varied from none to 65. It will be obvious that a defect of the present system exists in the fact that the intelligent co-operation of the Head Teacher is considerably relied on; and the figures given show that this intelligent co-operation is variable.

Concerning the communications of a written character that have been made to parents relating to defects in their children, in addition to the 1,800 circular notices that have been issued regarding defective sight, and 1,996 notices concerning cleanliness, I find, by reference to the letter book, that a considerable number of letters referred to cases in which a notice had been unattended to, to cases where spectacles had been provided, but they were not worn, or where they were broken; 40 others concerned diseases of the eyelids, etc.; 46 were concerning diseases

of the ear and throat ; 11 related to skin diseases ; 2 to diseases of the chest ; 1 to headache ; 3 to incontinence ; 1 to Rheumatism and 1 to Tuberculosis. In addition, 3 cases concerning extremely verminous conditions were referred to the Inspector of the Society for the Prevention of Cruelty to Children.

One certificate was signed for the admission of a scholar to a Blind Asylum, and two others were recommended for similar admission ; three extremely mentally-defective children were recommended for exclusion from school ; nine children were recommended for exclusion on account of their verminous condition ; two were excluded as they were found to be peeling from Scarlet Fever ; four were excluded for Ringworm ; one for skin disease, and one for eye disease.

(b) THE SANITARY STATE OF THE SCHOOLS.

During the year I have continued to make a sanitary survey of the schools, and have presented reports concerning the following voluntary schools :—

Stoke National.
St. Michael's.
St. Peter's.
St. Thomas's.
Thomas Street.
St. Osburg's.
Holy Trinity.

It will have been clear from these reports that some of these schools are ill-adapted for the purposes for which they are used. Some of them were built at a time when less attention was given to the matter of light and ventilation than is the case now ; in some cases they are used for the accommodation of more scholars than is desirable ; where the ventilation is defective the ill-effects of overcrowding are increased.

One of the outstanding features concerning the sanitary condition of the schools which readily arrests notice is the limited attention which is paid to the cleanliness of the floors. I believe that in most of the schools these are only scrubbed during the holidays, *i.e.*, three or four times a year. The floor is that part of the school which receives the most and the most offensive dirt ; a mere sweeping is of small use in removing this dirt. This is a matter which should, in my opinion, receive attention.

Owing to the necessarily limited attention which can be given to dusting, the accumulation of unnecessary charts, etc., on walls should be discouraged, so that the resting places for dirt may be reduced to the minimum.

My reports concerning the sanitary condition of these schools have been presented to the Estates and General Purposes Sub-Committee of your Committee; and the usual course adopted has been to forward copies to the Managers of each school.

In a report such as this it is unnecessary to refer in any detail to these reports, but it will probably be well to refer to the general principles which have been adopted in framing them.

Floor space and cubic capacity.—Each class-room has been measured and its floor space and cubic capacity calculated; in measuring the latter no account has been taken of any space above 13 feet from the floor; such space is of no advantage so far as the supply of fresh air to the scholars is concerned. The number of scholars present in each class-room at one visit is noted; and where this number is greater than will allow the minimum space prescribed for each child attention has been directed to this. The minimum prescribed by the Board of Education is 10 square feet of floor space for each child in the Council Schools; whereas in the Voluntary Schools it has been customary to be satisfied with a smaller area; the reason for this difference is not obvious, for the latter schools, being as a rule not so well lighted and ventilated, a larger space is requisite if equal conditions as regards ventilation are to be attained. Ten square feet is little enough, for it has to be remembered that one of the greatest difficulties in regard to ventilation is to obtain sufficient admission of fresh air without draughts; the more people there are in a room of a given size, the more frequently has the air to be changed in the course of an hour in order to keep the air in a pure state. In America the minimum floor space prescribed for each child is 15 square feet.

Lighting.—The window space in each class-room has been measured. As a rule the window space should amount to one-fifth or one-sixth of the floor space; where this has not been attained, or the rooms have been darkened by neighbouring buildings, attention has been directed to the matter.

The light in a school should preferably come from the left side.

A note has also been made concerning the means provided for artificial lighting.

Ventilation.—The amount of openable window space in each class-room has been measured, and where other ventilators are provided these have been noted. There is a prescribed minimum of size for inlets and outlets according to the number of children in each room; the actual size of ventilators, however, is not the only point in relation to them which is of significance; their position, character and efficiency are also important; often such ventilators are made to open and shut, and when

this is the case they are generally shut, and being more or less inaccessible, or out of sight, they remain shut. If windows are properly situated, *i.e.*, on opposite sides of a room, and proper attention is given to them, no other ventilators are required. The necessary amount of window to have open will vary with the weather and the direction of the wind. In the winter, when open fires are employed, the chimneys are efficient outlets, and less open window is required. When asked for a working rule as a guide for the amount of window space which should be open, I say that in all weathers as much window space should always be open as can be borne without discomfort. The total window space which should be openable should amount to at least one-half of the whole window space. Where this has not been the case, or approximately so, attention has been drawn to the fact.

Only one of your schools is ventilated by mechanical means (Wheatley Street); the others are naturally ventilated. Where mechanical means are employed, as in the "Plenum" system, it is essential, if the system is to be worked properly, that all the windows should be closed. There are obvious drawbacks to this in an educational institution where one of the things to be taught is that a proper amount of window space should always be opened. When this is sufficiently instilled into the minds of the children there will be more hope that their homes will be better ventilated.

Furniture.—Much attention has in recent years been given to the question of school furniture, and there are now on the market many satisfactory forms of school desks, so arranged that the child can sit close to the desk, with the seat and back so adjusted that the child does not sit in bent and cramped positions; this is a matter of very considerable importance, and where the seats and backs are not adjustable it is necessary that they should be adapted to the size of the children using them.

Notes on these points have been included in the reports.

Heating.—Notes have been made of the means of heating employed in the different schools; the absence of fire guards in some cases has been pointed out. In some instances the closed slow combustion form of stove is used; one disadvantage of this is that unless it is surrounded by a large space it is too near to some of the desks.

I have drawn attention to the fact that in one of your Council Schools there have recently been introduced some gas heaters without flues. Such a means of heating is specially prohibited by Act of Parliament in factories and workshops; it is therefore probably unnecessary for me to urge that their employment in schools is equally undesirable. Their undesirable character is enhanced where the gas is supplied without any of the sulphur impurities being abstracted.

A thermometer should be hung in every class-room, and daily readings should be taken.

Walls, etc.—The reports have included notes on the cleanliness of the interior of the buildings, or any other matters requiring mention.

Cloak-rooms, lavatories, etc.—A cloak-room ought not to be a mere passage; it should be properly lighted and well ventilated. Moreover, it should in wet or cold weather be heated. The pegs should be at least one foot apart, and numbered, there being one for each child. In the more modernly arranged cloak-rooms the rails are so fixed that a free current of air can find its way around the clothes.

In some of the schools the lavatory accommodation is inadequate. A proper supply of soap and towels is essential. Some supply of drinking water is necessary; this want is often met by the provision in the playground of a tap with a metal mug fixed by a chain; the objections to this are obvious. There is little need in the ordinary way for children to be drinking water frequently at school, so that some provision that is under the supervision of the teachers, and by which the cleanliness of the drinking vessels may be secured, is all that is required.

Playgrounds.—In some of the older schools the size of the playgrounds is very inadequate, in fact they are hardly worthy of this name. They are not always paved, and in some to which I have drawn attention their surface is so irregular that they would appear to be dangerous.

Sanitary conveniences, etc.—The reports have included the results of an examination of these, and the drains of all the schools so far examined have been tested with the smoke test, and defects found have been pointed out. In one of the schools the accommodation was very inadequate, and this is about to be remedied.

In my last Annual Report to your Committee I referred to the fact that even in the most recent of your schools trough closets have been erected. These are very much less cleanly than the ordinary water-closet; and when it is remembered that this is a water-closet City, there would appear to be great advantages in accustoming children to the use of the very much more sanitary arrangement which they will find in their own homes; even the poorest houses in the City are provided with proper water-closets. I think that there is nothing to be said in favour of continuing to erect trough or automatically flushing closets except in the case of infants' departments. Moreover, the use of the automatic flusher often leads to a great waste of water.

In some of the schools I have noted that the water-closets have been built without doors, and I am given to understand that attention has been drawn to this by Inspectors of the Board of Education. The urinals that are constructed for boys might well be built with divisions.

General remarks on the construction of schools.—In my last Annual Report I mentioned that the evolution of the modern school had taken place along the lines indicated by the educational requirements, and that little attention had been paid in its construction to the requirements of sanitation. I drew attention to a departure which had been made by the County Council of Staffordshire, by erecting a school on the best principles now applied to the construction of hospitals. This is the “pavilion” system. The essential point about it is that each class-room has two external walls on opposite sides, and in these are the windows. By a proper arrangement of the windows with hopper fittings, it is always possible, even in this climate, to so arrange their opening that some of the windows are always open on both sides. In the school erected by the Staffordshire County Council at Dorsett Road, Darlaston, the hoppers are placed at the bottom of the windows.

In a presidential address before the Incorporated Society of Medical Officers of Health last year, Dr. Reid, the County Medical Officer of Staffordshire, gave the results of experiments which he had carried out in the matter of ventilation in this school and in some of the modern central hall types of school; there could scarcely be said to be any comparison. Whereas in the former the air could be changed six times in the hour, in the best of the latter the air was not changed three times in an hour, and in one it appeared to take three hours for the air to be changed. Analyses of the air in the different schools bore out the same conclusion.

I have recently made an opportunity of visiting the Darlaston School. It is entirely on the ground floor, and it might be thought that on account of the necessarily more extended character of the building it would be more costly. Against this has to be set the fact that there is only erected one “hall” for the whole school of three departments, with 1,000 children, in the place of three central halls, which is the more common arrangement. By a careful adjustment of the time table the use of the one hall is divided among the three departments. Dr. Reid gives the cost of the building, site and furnishing as working out at £10 10s. 4d. per head, compared with £15, the mean cost of the central hall schools previously built in that County.

Where land should be expensive there is no reason why this type of school should not be built in two storeys.

Of the more modern schools erected in this City it cannot be denied that those built only on the ground floor are the most favoured so far as light and ventilation are concerned. It is therefore to be regretted that it has been thought desirable to convert the Earlsdon School into a two-storey building. An adequate provision in regard to the need for schools might be successful in securing sites sufficiently large and at a sufficiently reasonable price to avoid this necessity.

EYESIGHT DEFECTS.

Concerning the systematic examination of the eyesight defects in the children of the senior departments carried out in 1906, which I reported on in my last Annual Report, the parents of those with defective sight were mostly communicated with in the early part of 1907. Towards the end of the year, after a sufficient time had elapsed, I collected information concerning the results attained by these communications, and presented a report to your Elementary Education Committee on the matter. As the results obtained are very far short of what might have been hoped for, and as they indicate that some further steps are called for if these defects are to be remedied, I am reproducing that report here:—

“On February 12th, 1907, I submitted to your Committee the results which had been obtained in 1906 by the systematic examination of the eyesight of the children in the elementary schools, and that report set out the numbers of children who were found to have defective sight.

From that date onwards for a couple of months the parents of these children were gradually communicated with. I find that, in all, the parents of 1,420 children were written to and advised that they should have the sight of their children attended to.

A sufficient time having elapsed to allow all careful parents to obtain that advice, I have recently forwarded to each school department a list of the names and addresses of the children in each department—concerning whom I wrote to the parents—with a request for information as to whether:—

- (1) Spectacles had been provided.
- (2) Any advice had been obtained.
- (3) Nothing had been done.
- or (4) No information was available.

I have now received this information from the departments, and think that it should be placed before your Committee.

I find that of the 1,420 children concerned, no information is available in the case of 263 children; in these many have left school altogether, and others have left the school at which they previously were.

Of the remaining 1,157 cases, in 714 nothing has apparently been done.

In 253 instances spectacles have been provided. And in 190 cases “advice” is said to have been obtained. This information is probably derived from the children, and I am doubtful as to the true interpretation of this figure.

Most of the children who have actually been submitted to the examination of an oculist have been taken to the Coventry and Warwickshire Hospital, and I have therefore consulted with Mr. Harrison Butler, the honorary oculist of that Hospital, on this point; he informs me that of the cases referred to him from the schools all had defective vision, and practically all required spectacles; also that of those who have been advised spectacles, only about four or five are known to him not to have obtained them through poverty. It follows, therefore, that the "advice" said to have been obtained in the 190 cases above referred to must have been very inefficient advice. I think, therefore, that it would be reasonable to group the large majority of the 190 cases among those where nothing has been done.

The summary of this report therefore is that at least 253 children who twelve months ago were unattended to in regard to their defective eyesight are now provided with spectacles.

That this is so is a matter for congratulation, and I think fully compensates for the considerable labour which the investigation has entailed.

There are, however, *at least* 904 others where this desirable result has not been obtained. The question necessarily arises as to whether something could not be done in regard to these. It might be suggested that by personal calls the parents might be urged to take some steps. My experience has not been encouraging. In some scores of cases where I have personally examined children, and found the urgency of spectacles I have by means of the card system followed them up, and where nothing has been done I have had the parents visited by the Health Visitor. She has in most cases been able to obtain a verbal promise that the matter shall be attended to. But in the large majority of these cases, on enquiry six months afterwards, it has been found that nothing has been done.

Possibly your Committee may be able to make some suggestion in regard to the matter."

During the year 1907 an examination of the visual acuteness was made concerning those children who were admitted during that time to the senior departments. The following is a summary of the results obtained:—

Summary of Examinations made in 1907.

BOYS.

	Normal.	Nearly Normal.	Defective.	Very Defective.	Not Classified.	Totals.
Totals ...	349	393	114	42	2	900
Percentages	38.7	43.6	12.6	4.6	.2	

GIRLS.

Totals ...	277	547	180	44	13	1061
Percentages	26.1	51.5	16.9	4.1	1.2	

BOYS AND GIRLS.

Totals ...	626	940	294	86	15	1961
Percentages	31.9	47.9	14.9	4.3	.7	

In the case of all children with "defective" or "very defective" sight, *i.e.*, where the vision was noted to be only 6/18 or less, the parents were communicated with and advised to obtain advice. Also the parents of all children seen by myself who had squints, apparently due to defective vision, were written to. In all, the parents of some 1,800 children were communicated with on this matter in 1907.

In the case of two children I wrote to your Secretary, pointing out that they would be appropriate cases for admission to a Blind Asylum.

The very great importance and urgency of this matter of defective sight among school children must be apparent. In varying degrees in different cases the expenditure of money on the education of children who are not properly equipped physically to make the best use of the opportunities given, is to that extent wasted money.

It is quite true that up to the present this nation has done without any special precautions being taken in this matter. It is also true that other civilized nations have not been so blind to their own interests.

CLEANLINESS OF SCHOLARS.

In previous reports I have directed the attention of your Committee to the fact that a considerable percentage of children, especially girls, attended the schools with verminous or otherwise dirty heads. In my last Annual Report I stated that an arrangement had been come to between your Committee and the Sanitary Committee for the loan of the services of a Nurse from the City Hospital, when one could be spared from that Institution. The duties of such a Nurse were to be confined to the examination of the heads of children and the making of notes concerning the conditions found. During the year it has been possible to engage a trained Nurse from the City Hospital in the schools for about four months. In this time she has made two complete examinations in the girls' departments. In addition she also examined 1,710 boys; the percentage of these latter found unclean was 5·7, and it was not thought desirable to spend more time on them. In regard to the girls the summary of the results found in the two visits is given below:—

	1st Visit.	2nd Visit.		1st Visit.	2nd Visit.
Total seen	... 6663	6687	Skin Diseases	54	46
Very unclean	... 676	616	Total unclean	2470	2386
Unclean	... 456	594	Per cent. }		
Slightly unclean	1161	1125	Unclean }	37·0	35·5

It will be seen that according to the figures the improvement noticed on the second visit was very small.

It may be added that the services of the same Nurse were employed throughout.

During the first visit 749 notices were sent to parents with simple instructions on the matter. During the second visit—when a somewhat higher standard was adopted in determining the sending of notices—1,247 notices were sent. Some few extreme cases were for a time excluded from school attendance; and one or two instances were referred to the National Society for the Prevention of Cruelty to Children.

The following is a copy of the circular letter and instructions sent to parents:—

MEDICAL OFFICER'S DEPARTMENT.

10a, Hay Lane,
Coventry,

.....190

Dear Sir or Madam,

I desire to draw your attention to the condition of the head of your child....., which has been noticed in School.

The School Nurse has examined it and says that by attention to the directions given below it can be rendered permanently clean within a week.

I am,

Yours faithfully,

E. H. SNELL, M.D.

INSTRUCTIONS FOR CLEANSING HEADS.

Where there are sore places, scabs or enlarged glands, these will generally get better on removing all lice and nits.

It is possible to effect a cure in about a week. All hairs with nits, and all hair within a quarter of an inch of a sore must be cut off.

The head must be washed and scrubbed daily with paraffin oil, to which an equal quantity of olive oil may be added. If there are scabs, these, when softened, should be removed.

Repeat this treatment daily for a week, then weekly till all signs of lice are gone.

The use of a small tooth comb is very advisable.

Where there is difficulty in keeping a child's head clean, the hair should be worn cut short.

CAUTION.—Do not use paraffin near fire or a naked light.

An incident of this examination has been that a number of cases of Ringworm have been brought to light ; these I have personally investigated, or have caused hairs taken from the affected parts to be sent to the Lister Institute for examination, and where the Nurse's provisional diagnosis has been confirmed the children have been excluded from school.

In three instances the Nurse found children who had had unrecognized attacks of Scarlet Fever and were still infectious ; these were of course excluded for the necessary time. These examinations of the hands were particularly made in the Wheatley Street Infants' Department at my request, because a number of Scarlet Fever cases had been occurring in this department for some weeks ; when the cases of peeling were excluded the outbreak came to an end.

In about a dozen cases, the parents having learnt that such examinations were being made, the children came to school with a written or verbal request from the parents that their children should not be examined. When this was the case no examination was made.

From a full consideration of the facts I have come to the conclusion that these verminous conditions are spread and perpetuated by a comparatively small number of children whose parents are quite regardless of conditions of cleanliness.

THE ATTENDANCE OF CHILDREN UNDER FIVE.

In my Annual Report to the Council for 1906 I drew attention to the part which infants' departments played in the spread of Whooping Cough. As a result of that report the Sanitary Committee directed the attention of your Committee to that matter. The question of the exclusion of children under five has been under the consideration of your Committee on various occasions in recent years. On the recommendation of your Elementary Education Sub-Committee, your Committee have now passed a resolution that in the future no new children under five shall be admitted unless they would attain that age during the three months after the commencement of the school year.

In some other countries the minimum school age is higher than this.

I believe that the step which you have taken will tend to lessen the mortality from Measles and Whooping Cough; and there is a strong opinion that it will have no prejudicial effect on the education of the children.

A SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

Early in the year your School Attendance Sub-Committee requested me to report concerning the mentally defective children in the schools, with a view to determining the demand which existed in this City for a Special Department for such children. On May 24th I presented a report to that Committee concerning this examination. The following extract from that report summarises the information obtained:—

“In accordance with your instructions, I have now examined the whole of the 64 children in the list of alleged mentally defective children, sent to me by your Secretary, with two exceptions, one of whom is away from Coventry, and the other dead. I have also included 13 other children not mentioned in that list.

I have presumed that the object of my examining the children is to classify them as to whether they are appropriate for admission to a special department for mentally defective children or not.

It will be clear that in making a classification of this sort no arbitrary line of distinction can be laid down. Every grade of child has been seen, from those concerning whom the question arises as to whether they would not be better in an Idiot Asylum to those who are merely dull. It is with the lesser degrees of defectiveness that some difficulty has arisen in some cases, and in many of these I have considered that they should be further watched in an ordinary school before the definite opinion should be pronounced that they would be better in a special department.

I have kept clearly in view the fact that it is excessively undesirable to stamp a child as mentally defective unless some strong reason for this existed. A certain amount of injury might otherwise accrue to the child.

Those that I have placed in Class I. as appropriate for a special department may, I think, be indubitably considered as fit cases. And to these, after further observation, probably some of the others in Class II. would afterwards have to be added.

It will be seen that I have enumerated 36 children as appropriate for a special department; 20 others should be further observed; most of these are probably best in an ordinary school, while a few, after further observation, might be added to Class I. Eighteen others (in Class III.) I consider merely backward children.

Class IV. contains three other names not included in any of the other Classes."

(Then followed a list of the children with particulars concerning each case.)

The question of providing a special school for such children has since been under the consideration of your Committee. That there is a very distinct need for it is, I think, shown by the above figures. A number of the children seen do not attend school for the reason that their education in an ordinary school is impossible, or that their attendance there interferes with the attention which should be given to the others. While engaged in preparing the report on this matter I had an opportunity, with your Secretary, of visiting two of the Special Schools provided for such children in Birmingham, and it was clear that properly directed and more personal efforts to give these children some training particularly of a manual character were very encouraging.

In this connection I made a report on the sanitary state of the Pupil Teachers' Centre and on the suitability of this building for the purposes of a school for mentally defective children on its discontinuance for the use of pupil teachers.

PHYSICAL MEASUREMENTS OF CHILDREN.

In 1906 I recommended to your Elementary Education Sub-Committee that some anthropometric measurements should be made yearly at certain picked departments. As a result of this, two weighing and measuring machines were obtained, and observations have been made at the following departments:—

Wheatley Street Boys' Department.

Spon Street Boys' Department.

Wheatley Street Girls' Department.

Spon Street Girls' Department.

In 1906 the measurements were recorded in registers; and as in two of the departments the children were not separated in the register into age groups, it was found impossible to utilize them for obtaining averages until the entries had been all copied on to cards. Regarding the observations made in the other two departments, I presented a report (dated April 13th, 1906) to your Sub-Committee.

During the year the introduction of the card system has greatly simplified their classification. Moreover, with them it is possible to make the measurements of the children in any order, and therefore with less interference with school work.

The figures for the four departments for the two years are now available, and I reproduce here the averages at the different ages. A careful study of the figures indicates that it is likely that some errors of observation have crept in, possibly due to the delegation of the work to assistant teachers. When your Committee has the services of one or more Health Visitors it may be found possible to have these measurements made by the same individual, and in this way personal errors of observation will be diminished.

For the purpose of comparison I am adding the corresponding figures given by the Anthropometric Committee appointed by the British Association in 1875, relating to all classes in the general population, including both town and country.

So far as they go the following conclusions appear to be borne out :—

Heights.—The figures relating to the boys, both in Wheatley Street and Spon Street are slightly below those of the Anthropometric Committee, in spite of the fact that the former measurements are made *with shoes*.

The Wheatley Street girls have at all ages greater average heights than the Spon Street girls, and both (in general) than the Anthropometric Committee's figures; this latter difference may be entirely due to the shoes.

Weights.—The weights of the boys in the Wheatley Street School in 1906 refer to such a small number of boys at ages 9 and 10 that they cannot be regarded as valuable.

The Spon Street boys at all ages have a larger average weight than the Wheatley Street boys.

The boys from both schools weigh less than the average of the general population. It may be remarked that the figures of the Anthropometric Committee show that at all ages the weight of boys in artisan towns is less than that of the general population (town and country).

The weights of the girls in Wheatley Street are generally above those of the Spon Street girls.

The weights of the girls compare more favourably with the general population than do the weights of the boys; it may be remarked that in artisan towns the Anthropometric Committee noted that the weights of the girls are generally less than in the general population.

Chest Girth.—The figures show that the chest girth in the boys at Spon Street averages more than in the boys at Wheatley Street.

The chest girth in the girls at Spon Street is generally more than in the girls at Wheatley Street.

Chest Expansion.—The chest expansion in the boys at Spon Street is greater than at Wheatley Street; a similar comparison exists among the girls of the two schools.

It has to be noted that the observations are in connection with a limited number of children at the different ages; and that consequently further observations are desirable to ascertain to what extent these generalisations are borne out.

HEIGHTS—BOYS.**Wheatley Street,
1906. 1907.****Spon Street,
1906. 1907.**

Age.	No.	Heights in inches with shoes.	No.	Heights in inches with shoes.	No.	Heights in inches with shoes.	No.	Heights in inches with shoes.	Anthropometric Committee figures in inches without shoes.
6	...	...	...	...	...	...	...	...	44'00
7	42	43'59	15	46'76	...	..	59	44'05	45'97
8	54	46'95	77	47'94	...	...	68	47'24	47'05
9	13	48'03	80	49'47	73	49'53	51	48'55	49'70
10	5	48'87	92	51'23	76	51'39	77	50'40	51'84
11	...	...	71	51'96	78	53'12	78	53'25	53'50
12	...	...	64	54'78	...	...	75	54'55	54'99
13	...	...	9	54'62	...	...	...	...	56'91
14	...	...	...	...	...	...	...	...	...

HEIGHTS—GIRLS.**Wheatley Street,
1906. 1907.****Spon Street,
1906. 1907.**

Age.	No.	Heights in inches with shoes.	No.	Heights in inches with shoes.	No.	Heights in inches with shoes.	No.	Heights in inches with shoes.	Anthropometric Committee figures in inches without shoes.
7	...	...	8	47'02	9	44'20	38	45'21	44'45
8	9	48'66	46	48'75	39	45'96	46	47'00	46'60
9	59	51'00	60	49'91	46	47'91	44	49'33	48'73
10	58	52'04	75	52'37	54	49'27	60	51'33	51'05
11	57	55'05	67	53'81	43	51'96	44	53'70	53'10
12	45	57'00	84	58'34	41	54'25	42	55'64	55'66
13	...	...	48	59'72	43	54'92	42	57'13	57'77
14	...	...	...	...	12	55'84	10	56'78	59'80

WEIGHTS.—BOYS.**Wheatley Street,
1906.****1907.****Spon Street,
1906****1907.**

Age.	No.	Weights in lbs.	No.	Weights in lbs.	No.	Weights in lbs.	No.	Weights in lbs.	Anthropometric Committee Figures in lbs.
6	...	...	...	...	...	...	...	...	44.4
7	42	48.36	15	47.31	...	...	59	47.06	49.7
8	54	47.48	77	50.70	...	...	68	51.30	54.9
9	13	49.38	80	53.57	73	54.88	51	53.67	60.4
10	5	48.40	92	58.16	76	60.55	77	59.42	67.5
11	...	...	71	61.41	73	63.89	78	67.79	72.0
12	...	...	64	68.53	...	..	75	70.34	76.7
13	...	...	9	67.23	...	...	...	...	82.6
14	...	...	...	...	...	...	...	...	...

WEIGHTS—GIRLS.**Wheatley Street,
1906.****1907.****Spon Street,
1906.****1907.**

Age.	No.	Weights in lbs.	No.	Weights in lbs.	No.	Weights in lbs.	No.	Weights in lbs.	Anthropometric Committee figures in lbs.
7	...	...	8	46.37	9	44.68	38	45.18	47.5
8	9	51.88	46	50.28	39	46.93	46	49.14	52.1
9	59	57.50	60	53.67	46	51.77	44	54.49	55.5
10	58	60.34	75	59.51	54	55.11	60	58.91	62.0
11	57	67.75	67	66.29	43	60.28	44	64.31	68.1
12	45	75.88	84	71.19	41	67.94	42	71.09	76.4
13	...	...	48	81.85	43	71.58	42	75.75	87.2
14	...	...	...	...	12	74.77	10	77.17	96.7

CHEST EXPANDED—BOYS.**Wheatley Street,****Spon Street,****1906.****1907.****1906.****1907.**

Age.	No.	Chest Expanded.	No.	Chest Expanded.	No.	Chest Expanded.	No.	Chest Expanded.
7	42	23·46	15	24·45			59	25·23
8	54	24·09	77	24·20			68	25·45
9	13	24·63	80	24·75			51	25·37
10	5	24·65	92	25·62			77	26·20
11	...	...	71	24·70			78	27·03
12	...	...	64	27·12			75	27·97
13	...	...	9	27·09			...	...

CHEST EXPANDED—GIRLS.**Wheatley Street,****Spon Street,****1906.****1907.****1906.****1907.**

Age.	No	Chest Expanded.	No.	Chest Expanded.	No.	Chest Expanded.	No.	Chest Expanded.
7	...	...	8	23·75	9	27·04	38	25·07
8	9	25·91	46	24·12	39	27·11	46	25·95
9	59	25·75	60	24·40	46	25·73	44	26·01
10	58	25·94	75	25·00	54	28·28	60	26·40
11	57	26·00	67	25·50	43	28·14	44	27·43
12	45	26·86	84	26·22	41	27·45	42	27·53
13	...	...	48	27·62	43	28·60	42	28·89
14	...	...	...	...	12	29·45	10	29·17

CHEST EXPANSION—BOYS.**Wheatley Street,****Spon Street,****1906.****1907.****1906.****1907.**

Age.	No.	Chest Expansion.	No.	Chest Expansion.	No.	Chest Expansion.	No.	Chest Expansion.
7			15	1·10			59	1·52
8			77	1·09			68	1·81
9			80	1·32			51	1·88
10			92	1·90			77	2·08
11			71	1·49			78	2·27
12			64	1·55			75	2·36
13			9	1·66			...	...

CHEST EXPANSION—GIRLS.**Wheatley Street,****Spon Street,****1906.****1907.****1906.****1907.**

Age.	No.	Chest Expansion.	No.	Chest Expansion.	No.	Chest Expansion.	No.	Chest Expansion.
7	...	...	8	1·06	9	·97	38	1·75
8	9	·72	46	·96	39	·98	46	1·20
9	59	·94	60	1·27	46	1·13	44	1·68
10	58	1·07	75	1·39	54	1·39	60	1·63
11	57	1·30	67	1·45	43	1·35	44	1·77
12	45	1·50	84	1·64	41	1·45	42	1·9
13	...	...	48	1·81	43	1·4	42	1·61
14	...	...	...	...	12	1·66	10	1·7

INFECTIOUS DISEASE IN SCHOOLS.

The table on page 142 shows the numbers of notifications of cases, or alleged cases, of infectious diseases which have during the year been notified from the different schools. These returns are made under Section 39 of the Coventry Corporation Act, 1900, and have to be made from every school within the City, whether they are public or private, elementary or secondary.

The table shows the incidence of these various diseases. The attendance at some of the schools was at times considerably interfered with by an outbreak of Measles. On my advice three infants' departments—Edgewick Infants', Frederick Bird Infants', and Paradise—were closed from July 21st to August 1st; *i.e.*, for 12 days immediately preceding a holiday.

The practice followed here in connection with Measles is to exclude from school all children from an infected house attending infants' departments, and all children attending senior departments when they have not themselves had the disease. In one school where the attendance was particularly interfered with, I had occasion to point out that in my opinion this was being brought about or increased by the action of one or more of the Attendance Officers in urging the attendance of children at too early a date after the commencement of the attack, and before they were free from infection; their attention was drawn to this matter; such action was calculated to hinder the very object they were appointed to attain.

In my Annual Report to the Council for 1903, during which year between two and three thousand visits had been paid by the Assistant Sanitary Inspectors to houses where school children were affected with infectious disease, I drew attention to the overlapping of these visits with those of the Attendance Officers, and suggested that it would be an economy if the School Attendance Officers were qualified Sanitary Inspectors; their visits would then be doubly useful, and fewer official visits would be made. A further reason in favour of this suggestion exists in the incident referred to above; if such Attendance Officers had some information concerning the methods of spread, the incubation periods, and the length of quarantine of the different infectious diseases, their services as Attendance Officers would be more effective. I understand that the scale of salaries of these two types of officials exactly corresponds, so that I cannot avoid suggesting that it is well worth the consideration of your Committee whether future appointments should not be filled with this object in view.

NOTIFICATIONS RECEIVED FROM SCHOOLS.

School.	Chicken Pox.	Scarlet Fever.	Whooping Cough.	Ring- worm.	Mumps.	Rash.	Diph- theria.	Measles.
Earlsdon ...	19	...	...	14	...	...	...	3
Edgewick ...	2	...	...	...	1	1	...	78
Little Heath ...	...	...	...	...	...	...	...	24
Paradise .	17	3	...	1	...	8	...	69
Radford ...	18	7	5	...	3	...	2	10
Red Lane ...	30	8	...	...	3	7	2	115
South Street ...	10	10	...	5	2	...	...	175
Spon Street ...	5	...	...	...	1	...	...	104
Stoke Council	...	...	...	...	...	...	...	39
Union Street ..	1	2	...	2	...	...	...	27
Wheatley Street	...	...	...	...	...	...	...	59
Frederick Bird	3	5	1	2	...	...	3	152
All Saints' ..	4	...	1	4	2	...	...	28
Girls' British..	5	4	...	3	...	...	...	15
Holy Trinity ...	...	6	...	...	...	...	...	134
King Fields ...	3	...	...	...	...	...	...	12
St. John's ...	3	3	...	1	...	...	...	55
St. Mark's ...	34	...	...	2	...	1	...	44
St. Mary's ..	...	2	...	5	...	...	...	23
St. Michael's...	2	3	...	2	...	...	...	66
St. Osburg's .	7	3	1	5	8	...	...	16
St. Peter's ..	1	...	...	...	...	...	...	30
St. Thomas' ...	25	1	1	...	1	...	...	96
Stoke National	...	...	...	..	...	...	...	2
Thomas Street	28	1	...	...	...	...	...	30
Miss Flinn's ...	3	...	...	...	...	...	..	...
	220	58	9	46	21	17	7	1406
Public Vaccinators*	...	...	...	...	...	...	...	15
	220	58	9	46	21	17	7	1421

* Under Section 4 of the Vaccination Act, 1898, Public Vaccinators are required to notify to the Medical Officer of Health whenever they postpone a vaccination on account of the condition of the home or the prevalence of infectious disease.

All of the houses where Measles have been reported have been visited either by the Health Visitor or by one of the Assistant Inspectors, and a printed list of precautions regarding the prevention of the spread of the disease has been left, and information has been obtained as to the school or schools attended by other children of the household, and these several schools have been advised in regard to the exclusion of children.

It will be seen that a considerable number of cases of Chicken Pox were notified from the schools; this is a disease which interferes considerably with school attendance, but inasmuch as children rarely die from it, it is in itself of minor consequence from a public health point of view; it only assumes importance when Small Pox is present in a town, when cases of this disease are sometimes mistaken for Chicken Pox.

The absentees from school for Ringworm are generally absent for a considerable length of time; this is sometimes a very intractable disease; but there is no doubt that in many instances the period of detention from school is brought about by a neglect to obtain proper advice for the treatment of the complaint. Elsewhere the treatment of this disease by the most modern and apparently the most effective means, viz., the X-ray method, has led to very encouraging results; and it would appear that the saving of grant by the undertaking of the treatment by the Educational Authority has actually resulted in a financial gain, by the avoidance of the loss of grant which would otherwise have ensued.

This is a matter which will possibly receive the attention of your Committee in the future.

GENERAL REMARKS.

I think it is clear that your Committee in voluntarily anticipating the Education (Administrative Provisions) Act of 1907, which renders the medical inspection of all school children compulsory on Education Authorities, have considerably simplified the procedure which will be entailed under that Act. It is now seen that the lines on which your Committee have worked have in every way anticipated the directions given by the Board of Education in their Memorandum; that is, you have utilized the machinery of an existing sanitary department, and practically all the objects of the inspection laid down by the Board have in some measure been attempted, with the single exception of *the examination of all children*; this clearly would have been a physical impossibility without a material addition to the staff. I think that the experience thus gained locally will afford considerable guidance in following out the duties imposed by the Act, and in avoiding some of the difficulties which will certainly be met with. One thing is clear, namely, that in dealing with a number of schools, which between them

contain nearly 16,000 children, an essential element of success—if the work is to be accomplished by a reasonably small staff—is that it must be well organized, and that the time taken must be carefully planned in order to be properly economised.

One item alone is sufficient to exemplify this. During the past year, in addition to the circular letters, etc., to parents, over 2,600 letters have also been sent out in connection with this work. By the formulation of the matters dealt with into groups, it will be possible to adopt forms of circulars applicable to the different variety of matters met with. This will be especially necessary in the future if the clerical work is to be kept within reasonable bounds.

I have to add that I am indebted to the Head Teachers for much valuable co-operation in this work.

I am, Ladies and Gentlemen,

Your obedient servant,

E. H. SNELL, M.D., Lond.,
Medical Officer.

10a, Hay Lane,
Coventry,
March 18th, 1908.

MAGISTERIAL PROCEEDINGS, 1907.

No. of Cases.	Complaint.	Result.	Total Costs.
			£ s. d.
1	Selling adulterated Milk	Fined 5/- and costs and Analyst's fee	1 4 0
2	" " " "	" £2 "	3 0 0
3	" " " "	" 2/6 "	1 1 6
4	" " " "	" £1 "	3 4 0
5	" " " "	" £2 "	3 0 0
6	" " " "	" 10/- "	1 12 0
7	" " " "	Case dismissed	
8	Selling adulterated Butter	Fined £1 and costs and Analyst's fee	1 19 0
9	" " " "	" £1 "	1 19 0
10	" " " "	" £1 "	1 19 0
11	Non-compliance with notice, white-washing, &c.	" 10/6 and costs	19 0
12	House unfit for habitation	Closing Order made	
13	" " " "	" " "	
14	" " " "	" " "	
15	" " " "	" " "	
		and 5/- compensation for each tenant.	
16	Not registering Common Lodging House... ..	Fined £1 and costs	1 15 6
17	Exposing diseased Meat for Sale	" £2 "	3 15 6
18	" " " "	" £1 "	2 9 6
19	" " " "	Sentenced to six weeks imprisonment	
20	" " " "	Case dismissed	
21	Slaughtering on unregistered premises	Fined 10/- and costs	18 6

NOTE.—Nos. 8, 9, 10, Samples purchased in 1906. No. 20, Beef seized in 1906

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1907.

No.	Diseases.	Ages.														All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-		
1	Small-pox—															
	(a) Vaccinated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Unvaccinated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) No Statement .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Measles	5	14	1	..	..	..	..	..	..	..	..	..	..	..	20
3	Scarlet Fever .. ..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	4
4	Typhus Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Epidemic Influenza .. ..	..	1	1	..	..	..	1	2	..	1	1	..	1	..	8
6	Whooping Cough	2	2	..	..	..	..	..	..	..	..	..	..	..	..	4
7	Diphtheria	2	6	1	1	..	..	..	..	..	..	..	..	..	..	10
8	Enteric Fever .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
9	Asiatic Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Diarrhœa, Dysentery	15	3	..	..	..	..	..	..	..	..	..	..	..	..	18
11	Epidemic Enteritis	14	2	..	..	..	..	..	..	..	..	..	..	..	..	16
12	Other Allied Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12a	Continued Fever .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	
	
13	Hydrophobia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Glanders .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Tetanus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Anthrax .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Cowpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Syphilis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
19	Gonorrhœa .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	Phagedæna .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Erysipelas	1	..	..	..	..	..	..	..	..	..	1	..	..	..	2
22	Puerperal Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23	Pyæmia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24	Infective Endocarditis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25	Other Allied Diseases .. ..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
	
	
	
26	Malarial Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27	Rheumatic Fever .. ..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	2
28	Rheumatism of Heart .. ..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	2
29	Tuberculosis of Brain	3	4	3	..	1	..	..	..	1	..	..	..	..	..	12
30	Tuberculosis of Larynx .. ..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	3
31	Phthisis .. ..	..	2	..	6	10	9	28	28	18	2	4	1	..	..	108
32	Abdominal Tuberculosis	2	2	1	1	..	..	1	..	1	..	2	..	..	..	10
33	General Tuberculosis .. ..	..	5	4	..	..	..	..	2	1	1	..	..	..	..	13
34	Other forms Tuberculosis .. ..	..	2	1	..	..	..	1	..	..	..	..	..	..	..	4
35	Other Infective Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
	
36	Thrush .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Actinomycosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	Hydatid Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
39	Scurvy .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	Other Diseases due to Altered Food .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
	
	TOTALS ..	45	48	13	9	11	9	34	34	23	5	8	1	1	241	

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
41	Acute Alcoholism .. ..	..	..	..	..	..	..	2	..	1	..	2	..	..	5
42	Chronic Alcoholism .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
43	<i>Chronic Industrial Poisonings</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44	<i>Other Chronic Poisonings</i>..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
	
45	Osteo-arthritis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
46	Gout .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
47	Cancer .. ..	..	..	..	..	..	..	..	4	7	12	11	4	1	39
48	Diabetes Mellitus .. ..	..	..	..	..	..	1	..	3	1	2	1	1	..	9
49	Purpura Hæmorrhagica ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
50	Hæmophilia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia .. ..	..	1	1	..	..	..	..	2	1	1	..	..	..	6
52	Lymphadenoma .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
53	Premature Birth	80	..	..	..	..	..	..	..	..	..	..	..	..	80
54	Injury at Birth	2	..	..	..	..	..	..	..	..	..	..	..	..	2
55	Debility at Birth	16	..	..	..	..	..	..	..	..	..	..	..	..	16
56	Atelectasis	1	..	..	..	..	..	..	..	..	..	..	..	..	1
57	<i>Congenital Defects</i>	12	1	..	..	..	..	..	..	..	..	..	..	..	13
58	Want of Breast Milk .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
59	Atrophy, Debility, Marasmus ..	19	1	..	..	..	..	..	..	1	..	..	..	..	21
60	Dentition .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
61	Rickets .. ..	..	3	..	..	..	..	..	..	..	..	..	..	..	3
62	Old Age, Senile Decay .. ..	..	..	..	..	..	..	..	..	..	2	20	51	18	91
63	Convulsions	14	5	..	1	..	..	..	..	..	..	..	..	..	20
64	Meningitis	2	5	..	5	..	1	..	..	..	..	..	..	..	13
65	Encephalitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	Apoplexy .. ..	..	..	..	..	..	..	2	3	4	10	23	11	2	55
67	Softening of Brain .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
68	Hemiplegia .. ..	..	..	..	..	..	..	1	..	2	1	2	3	..	9
69	General Paralysis of Insane ..	..	..	..	..	..	..	1	1	2	10	2	1	..	17
70	Other forms of Insanity .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
71	Chorea .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
72	Cerebral Tumour .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
73	Epilepsy .. ..	..	..	..	..	..	..	..	..	1	2	..	..	..	3
74	Laryngismus Stridulus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75	Locomotor Ataxy .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
76	Paraplegia .. ..	..	..	..	..	..	..	1	..	..	1	..	2	..	4
77	<i>Other forms, Brain Diseases</i> ..	..	..	..	..	..	..	..	1	1	..	5	2	..	9
78	Otitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
	
	
	
	
	
	
	
	
	
	
79	Disease of Nose, Epistaxis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	Diseases of Eye .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
81	Pericarditis .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
82	Endocarditis .. ..	..	..	..	1	3	..	4	5	6	7	9	..	..	35
83	Hypertrophy of Heart .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	Angina Pectoris .. ..	..	..	..	..	..	..	..	..	1	1	1	..	..	3
85	Aneurism .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
86	Senile Gangrene .. ..	..	..	..	..	..	..	..	..	..	1	1	1	1	4
87	Embolism, Thrombosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
88	Phlebitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
89	Varicose Veins .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..		146	16	1	7	3	3	12	19	28	52	78	77	23	465

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
90	<i>Other Diseases, Heart and Vessels</i>	..	..	..	1	1	2	4	6	11	17	18	13	..	73
	
	
91	Laryngitis .. .. .	..	3	1	..	..	..	..	..	..	..	..	..	..	4
92	Croup .. .. .	..	2	..	..	..	..	..	..	..	..	..	..	..	2
93	<i>Other Diseases, Larynx & Trachea</i>	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	
94	Acute Bronchitis	10	3	..	..	..	1	1	1	..	2	4	2	1	25
95	Chronic Bronchitis .. ..	..	..	..	..	..	..	..	..	1	5	7	8	2	23
96	Lobar Pneumonia .. ..	..	2	..	..	..	..	2	1	3	2	..	..	..	10
97	Lobular Pneumonia	11	6	1	..	..	..	..	1	2	5	3	3	..	32
98	Pneumonia	9	6	1	1	1	2	7	2	9	3	4	3	..	48
99	Emphysema, Asthma .. ..	..	..	..	..	..	1	..	..	..	..	3	3	..	7
100	Pleurisy .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	..	1
101	<i>Other Diseases, Respiratory System</i>	1	2	1	..	..	..	..	..	1	1	1	1	..	8
	
	
102	<i>Diseases of Mouth and Annexa</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
103	Diseases of Pharynx .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
104	Diseases of Œsophagus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
105	Ulcer of Stomach and Duodenum ..	..	..	..	..	..	1	..	4	2	2	..	..	..	9
106	Other Diseases of Stomach ..	3	..	1	..	..	..	..	1	..	..	..	..	..	5
107	Enteritis	9	..	..	..	..	..	..	..	..	..	..	..	..	9
108	Appendicitis .. .. .	..	1	1	..	..	2	..	..	..	..	..	..	1	5
109	Obstruction of Intestine	1	..	..	1	..	1	1	3	1	1	1	1	..	11
110	Other Diseases of Intestine	1	..	..	..	..	..	..	2	1	1	..	1	..	6
111	Cirrhosis of Liver .. ..	..	..	..	..	..	..	1	3	7	4	2	1	..	18
112	Other Diseases of Liver .. ..	..	..	..	..	..	..	..	..	2	1	1	..	..	4
113	Peritonitis	2	2	3	1	..	1	1	2	2	..	..	..	..	14
114	<i>Other Diseases, Digestive System</i>	..	..	..	..	..	..	..	..	1	..	1	..	..	2
	
115	<i>Diseases, Lymphatic System and Glands</i> }	..	..	..	1	..	1	1	1	2	..	..	..	..	6
	
116	Acute Nephritis .. .. .	..	1	..	..	1	..	..	..	..	..	..	..	..	2
117	Bright's Disease .. .. .	..	1	..	..	..	..	..	3	7	6	4	1	..	22
118	Calculus .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	..	1
119	Diseases of Bladder and Prostate ..	..	..	..	..	..	..	..	..	1	..	3	2	..	6
120	<i>Other Diseases, Urinary System</i> ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
	
121	Diseases of Testis and Penis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122	Diseases of Ovaries .. .. .	..	..	..	..	..	..	..	..	1	..	..	..	..	1
123	Diseases of Uterus and Appendages ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
124	Diseases of Vagina and External } Genitals }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
125	Diseases of Breast .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126	Abortion, Miscarriage .. .. .	..	..	..	..	..	1	2	..	..	..	..	..	..	3
127	Puerperal Mania .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	Puerperal Convulsions .. .. .	..	..	..	..	1	..	..	2	..	..	..	..	..	3
129	Placenta Prævia, Flooding .. ..	..	..	..	..	..	1	1	..	..	..	..	..	..	2
	TOTALS ..	47	29	9	5	4	15	23	32	54	50	53	40	4	365

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
130	Puerperal Thrombosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	Other Diseases, Pregnancy and Childbirth }	..	..	..	..	..	..	..	1	..	..	..	..	..	1
132	Arthritis, Ostitis, Periostitis ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
133	Other Diseases, Osseous System ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
134	Ulcer, Bedsore .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135	Eczema .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
136	Pemphigus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
137	Other Diseases, Integumentary System }	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	Accidents and Negligence—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
138	In Mines and Quarries .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
139	In Vehicular Traffic .. ..	..	..	..	..	3	..	1	2	2	..	..	..	..	8
140	On Railways .. ..	..	..	..	..	..	..	..	1	..	1	..	..	..	2
141	On Ships, Boats, Houses, &c., (not drowning) }	..	..	..	..	..	..	..	..	..	1	1	1	..	3
142	In Building Operations .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
143	By Machinery .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
144	By Weapons and Implements ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145	Burns and Scalds	1	2	1	..	..	..	..	..	..	..	..	1	..	5
146	Poisons, Poisonous Vapours ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
147	Surgical Narcosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
148	Effects of Electric Shock ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Corrosions by Chemicals ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	Drowning .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
151	Suffocation, Overlaid in Bed ..	4	..	..	..	..	..	..	..	..	..	..	..	..	4
152	„ Otherwise	5	..	..	..	..	..	..	1	..	..	1	..	..	7
152a	Improper Feeding .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
153	Falls not specified .. ..	..	..	..	1	..	..	..	1	..	..	1	1	..	4
154	Weather Agencies .. ..	..	..	..	..	..	..	..	..	1	2	..	..	..	3
154a	Inattention at Birth	1	..	..	..	..	..	..	..	..	..	..	..	..	1
155	Otherwise not stated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156	Homicide	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	Suicides—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
157	By Poison .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
158	By Asphyxia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
159	By Hanging and Strangulation ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
160	By Drowning .. ..	..	..	..	..	..	..	..	..	2	1	..	..	..	3
161	By Shooting .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162	By Cut or Stab .. ..	..	..	..	..	..	..	1	2	..	..	..	..	..	3
163	By Precipitation from Elevated Places }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164	By Crushing .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	By other and unspecified methods	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Execution .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Sudden Death, cause not ascertained	..	..	..	..	..	..	..	..	..	..	..	..	..	..
168	Ill defined and unspecified causes	1	..	..	..	..	1	..	2	..	4	1	..	..	9
169	Not certified	12	1	1	..	..	..	1	..	..	..	2	3	..	20
	TOTALS, SHEET No. 4 ..	26	4	2	1	3	2	3	10	7	10	7	6	..	81
	TOTALS, SHEET No. 3 ..	47	29	9	5	4	15	23	32	54	50	53	40	4	365
	TOTALS, SHEET No. 2 ..	146	16	1	7	3	3	12	19	28	52	78	77	23	465
	TOTALS, SHEET No. 1 ..	45	48	13	9	11	9	34	34	23	5	8	1	1	241
	GRAND TOTALS ..	264	97	25	22	21	29	72	95	112	117	146	124	28	1152

Sale of Food and Drugs Act, 1875.

Copies of the Report of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1907.

QUARTER ENDING MARCH 31st. 1907.

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
New Milk 33 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine.	Cautioned.
„ 1 „		Adulterated, deficient of 6% butter fat.	
„ 1 „		Adulterated, deficient of 18% butter fat, and also 4% non-fatty solids.	
Butter 6 „	„	Genuine.	Fined 10/- and costs, 11/6, and Analyst's fee, 10/6.
Lard 1 „	„	„	
Coffee 1 „	„	„	
Mustard 1 „	„	„	
Olive Oil 1 „	„	„	
Ground Ginger 1 „	„	„	
Arrowroot 1 „	„	„	

QUARTER ENDING JUNE 30th. 1907.

New Milk 39 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All genuine	Cautioned.
„ 1 „		Adulterated, deficient of 9% of its fat.	
„ 1 „		„	
„ 1 „	„	Adulterated, deficient of 18% of its fat.	Fined 2/6 and costs, 8/6, and Analyst's fee, 10/6.
Separated Milk 1 „	„	Adulterated, 4% below the standard.	Cautioned.
Butter 13 „	„	All genuine	Preliminary. Disclosure on wrapper. Preliminary.
„ 1 „	„	Adulterated, 10% excess of water.	
Castor Sugar 1 „	„	Adulterated. Contained Corn Flour.	

Sale of Food and Drugs Act, 1875—Continued.

QUARTER ENDING JUNE 30th, 1907—*continued.*

Article submitted for Analysis.	State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
Raspberry Jam 1 „	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine.	
Paregoric Elixir 1 „		„	
Camphorated Oil 1 „		„	
Sweet Spirit of Nitre 1 „		„	
Syrup of Rhubarb 1 „		„	
Tincture of Rhubarb 1 „		„	
Cream of Tartar 1 „		„	

QUARTER ENDING SEPTEMBER 30th, 1907.

New Milk 13 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All genuine.	
„ 1 „		Adulterated, 12% added water.	Fined £1 and costs, £1 13 6, and Analyst's fee, 10/6.
„ 1 „		Adulterated, deficient of 6% of fat.	Cautioned. Preliminary.
„ 1 „		„	
„ 1 „		Adulterated, 14% added water.	Fined £2 and costs, 9/6, and Analyst's fee, 10/6.
„ 1 „		Adulterated, 8% added water, and also deficient of 9% of fat.	Dismissed.
Separated Milk 3 „		Genuine.	
Butter 5 „		„	
Ground Ginger 2 „		„	

Sale of Food and Drugs Act, 1875—Continued.

QUARTER ENDING DECEMBER 31st, 1907.

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
Milk 40 smp.	Mr. W.H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine.	Preliminary sample.
Butter 15 „		„	
Arrowroot 1 „		„	
Chocolate 3 „		„	
Soda			
Water 1 „		„	
Whiskey 1 „		Adulterated, 16% more water than 25° under proof Whiskey.	
Ammoniated Tincture of Quinine 1 „		Genuine.	
Cod Liver Oil 2 „		„	
Olive Oil 1 „		„	
Compound Liquorice Powder 1 „	„	„	
Precipitated Sulphur 1 „		„	
Tincture of Iodine 1 „		„	

Printed by order of the Sanitary Committee.

REPORT ON THE ANNUAL CONGRESS OF THE ROYAL INSTITUTE OF PUBLIC HEALTH.

To the Sanitary Committee.

This Congress was held in Douglas, Isle of Man, from June 29th to July 5th, and was attended by his Worship the Mayor, the Medical Officer of Health, and the Inspector of Nuisances.

The Congress was presided over by His Excellency the Right Honourable the Lord Raglan, the Lieut.-Governor of the Island, who opened the Congress with an address dealing with the importance of various phases of Preventive Medicine.

The work of the Congress was divided into the following sections :—

- (a) Preventive Medicine.
- (b) Child Study and School Hygiene.
- (c) Engineering and Architecture.
- (d) Bacteriology and Chemistry.
- (e) Veterinary Hygiene and Comparative Pathology.

Section of Preventive Medicine,

This section was presided over by Sir James Barr, who gave an eloquent and suggestive address, which has been reported largely in the daily papers.

A paper by Professor Roche was read on “The appointment of Sanitary Officers to General Hospitals.”

Miss Gaffiken, the acting Medical Officer of Health of Warrington, read a paper on “Some causes of Infantile Mortality.”

A paper was read by your Medical Officer of Health on the “Relation of Infantile Mortality to Insanitation.”

Dr. Sidney Marsden opened a discussion on the subject of public abattoirs, discussing the question from many points of view. He also advocated proper inspection of meat by qualified inspectors. It was a scandal that private slaughter-houses should continue to exist on the ground of compensation. The authorities of those large towns which did not provide public slaughter-houses were greatly to blame.

Dr. Mason condemned the private abattoir, with its offensive and degrading effect on the younger population.

Dr. Sergeant admitted there was great danger from the insufficient inspection of meat in private slaughter-houses, and said the practice of butchers going into rural districts to slaughter should not be allowed.

Dr. Holden also advocated public slaughter houses and the inspection of carcasses sold for food. He referred to communicability of tuberculosis and other diseases by infected meat.

Dr. Sergeant (Medical Officer of Health for Lancashire County Council) opened a discussion on "Local Authorities and Milk Supply."

Dr. Robt. Robertson (Edinburgh) spoke hopefully of the improvements which were following from the advent of large dairy companies, who knew the advantage of scrupulous cleanliness and attention to scientific detail. The advantages of refrigeration of milk had been clearly shown, and the cost was practically nothing. The sterilisation of milk in depôts for distribution in poor districts was a ridiculously illogical system. It was like bringing dirty water into one's house and boiling it to make it pure, instead of taking the trouble to secure cleaner conditions at the source.

"The Eradication of Tuberculosis from a National Standpoint" was the subject of a paper by Dr. E. W. Diver (Durham).

Papers on "Sanitary Administration" were read by Dr. J. D. Garrett (Cheltenham), and Dr. E. Black, Central Board of Health, Perth, Australia, the latter giving an interesting survey of the Australian system.

A paper on Cerebro-spinal or "Spotted Fever" was read by Dr. Warrington.

"Public Health in its relation to Local and Central Government" was the subject of a paper by Dr. Hogan Butler, Medical Officer of Tottenham. Referring to the Local Government Acts in England of

1888 and 1894, he deplored the conflict of authorities and overlapping of areas. The Poor Law Administration should not be dissociated from ordinary municipal government. There should be one local authority, with as many Committees as necessary for the effective discharge of the duties connected with the public health, and of which the care of the poor formed an essential element. The work of vaccination, the establishment of crèches for children, and the instruction of girls in nursing duties, were also important duties pertaining to the elected Public Health Authority. Were local bodies stronger and more independent, the Central Government would be left free to deal with matters of general and vital importance. Food adulteration and drainage laws required consolidation and amendment. Men interested in preserving interests opposed to sanitation should be rendered ineligible for election to the Sanitary Authority.

A paper on "Preventive Measures in Measles" was read by Dr. Buchan, Medical Officer of Health of St. Helens; this was followed by a paper by Dr. Marsden, Medical Officer of Health of Birkenhead, on "twenty five years of compulsory notification of Measles," from which it was concluded that this particular measure did not materially assist in preventing the disease.

Dr. R. H. Quine, of Manchester, discussed "The Place of the Pleasure Resort in Preventive Medicine."

Dr. Myers, of the Mendip Hills Sanatorium, read a paper on "The Sanatorium Treatment of Phthisis regarded from a Prophylactic point of view."

He assumed the general acceptance of the sanatorium treatment of pulmonary tuberculosis, and claimed that this treatment should be regarded as a prophylactic measure, adducing the beneficial results on friends and relatives of the discharged patients. Concluding, he maintained that as open-air men and women bring up open-air children, we might look forward to beneficial influence upon succeeding generations, and eventually, in the distant future, to the extinction of pulmonary tuberculosis in England.

The Section of Child Study and School Hygiene.

The Presidential Address in this section was by Professor John Glaister, of Glasgow, who dealt largely with the subjects of the declining birth rate and the infantile mortality rate.

"Infantile Mortality, its Causes and Remedies" was the subject of a paper by Dr. Pilkington, the Medical Officer of Health of Preston. Considerable discussion took place on this subject.

Miss T. M. James, of Liverpool, read a paper on "The Teaching of Hygiene in Schools."

Dr. A. S. Arkle (Liverpool) read a paper on "The Correlation of Physical and Mental Development."

Dr. Hackworth Stuart (Hanley) gave an address on "The School Doctor's Work." There was, he said, an overwhelming mass of evidence as to the need for medical inspection of school children, but there was great diversity in the suggested schemes of inspection. The false argument for medical inspection was that if the State undertook compulsory education it must also undertake to feed and clothe the children, and to tend them in sickness.

One of the foremost objects of a sound scheme was that of bringing home to the parents their responsibility where physical defects occur in their children. Compulsory education presupposed, first, that the child is mentally and physically fit to be educated, and, secondly, that after his State education was completed, he was capable of remaining fit for the duties of civil life, and so repaying the State for his training.

Section of Engineering.

The President of this Section, Dr. Hele-Shaw, formerly Professor of Engineering in the University of Liverpool, dealt with the subject of "Road Locomotion in Relation to Public Health"; in this he discussed the improvement of motor cars and the improvement of roads with the object of minimising the dust nuisance.

Papers were read on "The Use of Electricity for Domestic Purposes" and "The Ventilation of Dwelling Houses and Public Buildings."

The next paper, from Mr. E. B. B. Newton, M.I.C.E., Borough Surveyor of Paddington, dealt with the question, "Are Intercepting Traps Necessary"? He spoke of the defects of the interceptor, and said it was impossible to ignore the fact that very many, if not the majority, of stoppages in the drain occurred at, and might be said to be caused by, the intercepting trap. If a frequent and regular inspection of drains and fittings took place there would be but a small risk of failure of the ordinary fitting traps to act properly; and the abolition of intercepting traps and their adjuncts would render available a considerable sum towards the cost of such a scheme.

In the subsequent discussion considerable doubt was expressed as to whether our present system of intercepting traps was the best one.

Mr. William Goldstraw, former City building Surveyor of Liverpool, read a paper before this section on "Engineering and Architecture in the Promotion of Public Health."

Other papers read were "Public Baths in Relation to Health," by Mr. T. W. Aldwinckle, London; "Refuse Disposal and Destruction," by Mr. James Corbett, Salford.

Section of Bacteriology.

A very able address was given in this section by Professor Sims Woodhead on "Antibodies," in which he traced the development of our knowledge of antitoxins, and held out hopes that remedies for other diseases may in a similar way be found.

Captain Kennedy gave a very interesting paper on "Malta Fever."

Another essay was by Lieut.-Col. R. Caldwell, F.R.C.S., on "Artificial and Natural Sewage Disposal Contrasted."

Veterinary Section.

Mr. J. B. Wolstenholme (Manchester) in his presidential address, said that hundreds of people were dying from consumption contracted from meat and milk containing bacilli, and expressed the view that the public were not afforded adequate protection by the milk and meat inspection. There had been great improvement of general hygiene in cow-houses, but it would be better if the milking were done by women instead of men, as they were more attentive to the cleanliness of their clothing. Private slaughter-houses could not be adequately supervised, with the result that animals about to die of anthrax were killed and sent to the towns for food, mainly going among the poor.

A paper by Professor H. E. Annett (Liverpool University) was read on "Milk in Relation to Public Health." The part which milk played in the transmission of disease, the professor pointed out, was not confined to tuberculosis. The bacteriological contents of milk had to be considered, and was a powerful factor in the production of disease among men and animals. It was important to emphasise also that not only cows with tuberculous udders, but any tuberculous cow, might supply milk containing the bacilli, and also that such milk formed a large proportion of the food of other young animals. It would be a public disaster if, having secured the introduction of legislative measures to deal with the subject of tuberculosis transmission by milk, the occasion were not seized to deal with the larger and more inclusive subject of the milk supply.

A paper by Mr. William Field, M.P., on the qualifications of inspectors was also read, and the section adopted a resolution in favour of more stringent inspection and the payment of proper compensation when tuberculous animals were seized.

Numerous other papers were read in the various sections. A popular lecture was delivered by Surgeon-General Evatt on "The Public Health in relation to National Efficiency." Your delegates paid a visit to the Public Abattoir of Douglas, an unassuming and economical building but well adapted for its purpose.

The final meeting of the Congress took place on July 5th, when various votes of thanks were passed to those who were responsible for a very well organised and interesting Congress.

CITY OF COVENTRY.

REPORT ON THE SECOND INTERNATIONAL CONGRESS ON SCHOOL HYGIENE.

This Congress was held in London, at the University of London, from August 5th to 10th, 1907, being presided over by Sir Lauder Brunton. The first Congress had been held at Nuremberg in 1904.

At the opening meeting, in addition to the address of the President on the aims and objects of the Congress, the delegates were welcomed by Lord Crewe, Lord Londonderry, and Lord Fitzmaurice.

The Congress was attended by the representatives of 30 foreign governments, and 388 educational authorities. In all, 50 meetings were held and 250 papers were presented. The work was divided into the following 11 sections:—

- I.—The Physiology and Psychology of Educational Methods and Work.
- II.—Medical and Hygienic Inspection in School.
- III.—The Hygiene of the Teaching Profession.
- IV.—Instruction in Hygiene for Teachers and Scholars.
- V.—Physical Education and Training in Personal Hygiene.
- VI.—Out of School Hygiene, Holiday Camps and Schools.
The Relations of the Home and the School.
- VII.—Contagious Diseases, Ill-health, and other Conditions affecting attendance.
- VIII.—Special Schools, including those for Feeble-minded and exceptional Children.
- IX.—Special Schools for Blind, Deaf, Dumb, Crippled and Invalid.
- X.—Hygiene of Residential Schools.
- XI.—The School Building and its Equipment.

Owing to the voluminous character of the proceedings it is only possible to give, in a report such as this, a very fragmentary account of the proceedings. Your delegates were more particularly interested in Sections Nos. 2 and 7, and it is to these that the following report mostly relates.

Professor William Osler, M.D., D.Sc., in his presidential address in the section dealing with medical and hygienic inspection in school, observed that it could not be said that much progress had been made since the Nuremberg Congress, certainly nothing like the progress which would be comparable with the importance of the subject. We suffered from a haphazard plan of action, for every country, and almost every locality, had its own scheme of organization. There was no simple organ so much neglected in all classes of society as the teeth, and it was not therefore surprising to find that among school children, 50, 60, and in some places 70 per cent. showed decayed teeth. It would take a good dentist many weeks to put the teeth of the children in a small elementary school into proper order, and it must be remembered that there are scores of villages and small towns without a resident dentist within five miles. Another simple subject was proper breathing, and he believed that there were more "mouth breathers" to the acre in England than in any other country in the world. In the Bradford elementary schools it was found that 28 per cent. of the children were mouth-breathers—and it was rare that a mouth-breather had much mental energy. There should be a central department at the Board of Education which would supervise and co-ordinate the work throughout the country. To each school should be attached an intelligent woman, preferably with a nurse's training, whose duties it would be to carry out observations at intervals, and to assist the doctor in all matters relating to the hygiene, both of the school and the children. Then the school dentist should make a quarterly inspection of the childrens' teeth, and, lastly, there should be the school doctor, who should be the lieutenant to the Medical Officer of Health, to whom he would be of the greatest help, for the work of the two had so much in common.

Robust Teachers.

Dr. Macnamara, M.P., in an opening address in the section which was considering the hygiene of the teaching profession, said upon the teacher's health depended to an enormous extent the success of his teaching. If he were in good health and spirits his teaching was the more likely to be bright and effective; if he were run down, dyspeptic, or in poor health generally, he could scarcely be expected to teach pleasantly and with freshness. Neither would his pupils be alert and receptive, because, to a remarkable extent, children caught their tone from their teachers. Therefore, in the first place, it was essential that school-rooms should be so designed, warmed, and ventilated as to give the teacher a chance of keeping fit. Even to-day there were school premises so entirely unsuitable that they would steadily undermine the most robust constitution. Many schools had been built right out on the line of frontage of noisy thoroughfares. The consequence was that one by one the teachers broke down with the most serious laryngeal complaints. In a number of cases municipal councils had sought to mitigate the difficulty by laying down wood pavement. He wished he could prevail upon them all to adopt this admirable course. Whilst dealing with the teacher's voice, let him implore his fellow-teachers to believe him when he said

that they could be most impressive when they spoke most softly. Lessons should be given in the open air as far as possible during the summer months. Teaching was, perhaps, the most anxious, monotonous, and nerve-wearing work that he knew of. Hence the teacher should resolutely decline to take his work home with him at night. He often deplored the fact that our English educational authorities did not adopt the method of the States and of several European countries, and give their teachers long leave every few years, in order that they might travel abroad.

Medical Inspection.

Sir H. Craik, M.P., presided over the meeting of the section dealing with medical and hygienic inspection, and in the course of an opening address said that they were all agreed as to the necessity of medical inspection, but it was clear that there was an enormous amount of very complicated detail and machinery to be arranged before they could carry out such an inspection with any sort of success. This, at all events, should be a sufficient reason for Parliament to pause in its legislative action. It was easy to put a clause into an Act of Parliament saying that medical inspection should take place, but they did not go far on the right road in having done that; an enormously greater business lay behind, that of ascertaining the conditions, of saying who were to be the agents, and how it was to be done. Unless medical inspection was done thoroughly it was not worth doing at all.

They had to meet an enormous amount of prejudice, and a great aversion to interference with what was called individual liberty, but which was often individual licence.

These evils were bound to grow, and it was only by bringing scientific methods to fight them that they could hope to deal with the whole problem of medical inspection.

To put a pious resolution into an Act of Parliament and leave the whole thing to slide without the proper guidance of science was not the way to do the work.

His experience of the House of Commons in regard to social questions was that political and scientific methods did not always run on parallel lines, and that the House of Commons was not always inclined to bend itself to scientific methods.

Medical Examination of School Children.

The subject selected for discussion at the general meeting on August 6th was the medical examination of school children. It was introduced by Dr. W. MacKenzie, Medical Member of the Local Government Board for Scotland, who discussed the methods for the first and subsequent medical examination of school children. The principle of

medical inspection of school children having been already accepted, Dr. MacKenzie confined himself to the discussion of the practical methods to be followed in organizing it. In towns it would be a misfortune if the supervision of the personal hygiene of school children should be considered in any way irrelevant to the personal hygiene of the community as a whole.

The Medical Inspection of "Public Schools."

Dr. Clement Dukes (Physician to Rugby School), dealing with "a record of the physical examination of 1,000 boys at their entrance on public school life," said that it was somewhat depressing to register in the twentieth century the large number of acquired preventable deformities which were presented by the most favoured class of boys in Great Britain.

Dr. T. Dyke Acland (London) emphasized the need for the inspection of all residential secondary schools in matters relating to sanitation and hygiene. There was a tendency to limit the work of the school medical officer to the comparatively unsatisfactory work of attendance on the sick, and to overlook that far more important branch of his work—preventive medicine—by which sickness might be prevented and the better development of the boys under his care secured.

Other papers were read on what had been done in London in regard to the medical inspection of secondary schools.

In the course of the work of the Congress Dr. Oebrecke (Breslau) urged that the school medical adviser should not be in private practice, but that his work should be that of supervising. He dwelt upon the desirability of co-operation between the medical man, the teacher, and the parent.

Dr. Cuntz (Wiesbaden) maintained that the work of the school medical adviser should be to notify and prevent sickness or disease, and to look after the hygiene of the school and class rooms, while the medical treatment of the children themselves should be left to the family practitioner.

Mr. W. J. Willis Bund (Chairman of the Worcestershire Education Committee) presented some practical administrative hints with regard to the medical inspection of school children provided for in the Bill then before Parliament. He said that ratepayers protested loudly against the appointment of new officers at high salaries, but if a staff insufficient in number and qualifications were appointed, it would only bring about failure; a weak staff would make a complete inspection impossible; an inefficient staff would do far more harm than good, it would be far better to have no inspection at all. An efficient staff must be well paid with regard to the work to be done; a salary fixed on the scale of that now paid to district medical officers of health would not secure efficient inspectors.

Sir James Crichton-Browne (London) said that no teacher in these days would be regarded as thoroughly competent who was altogether ignorant of physiology, or indifferent towards it, and a strict and scientific observation of its monitions was essential not only to sound and successful education but to national integrity; and the regular medical inspection of schools and school children, either as a State institution or under local organization, had been established in France, Germany, Belgium, Austria, Norway, Switzerland, Russia, Servia, the United States, Japan, Egypt, the Argentine Republic, and Chili, and would, it was hoped, be adopted before long in this dilatory country.

Medical Inspection of School Children.

The first Congress at Nuremberg appointed a Committee consisting of Dr. Cuntz, of Wiesbaden, and Dr. Oebrecke, of Breslau, to draw up a uniform scheme defining the duties of school doctors. The former undertook the general part or method, the latter the details.

Dr. Cuntz presented to Section 2 a schedule of the general duties of a school doctor, which included the recognition and prevention of disease in school children and the supervision of the measures to be taken at the school, including temporary remission of study, but not including treatment. Among the general duties of a school doctor was the examination of each child, preferably during the second or third month after its first entrance into the school. He should pay professional visits to the school, make periodical inspections of the children, and advise as to the hygiene of the buildings and the school courses. He should report annually on his work in the school and on the investigations he had made, and should make suggestions for the improvement of defective health conditions.

Dr. F. Oebrecke (Breslau) said that school hygiene comprised the hygiene of the building, of the method of instruction, and of the pupils. The school doctor should not treat, but supervise only. Every pupil, whether normal or abnormal, ought to be provided with a health card or note book, in which the observations of the school doctor, of the teacher, and of the parents should be entered. This should follow the pupil throughout the whole school career. For the previous history of the child a special form should be supplied, to contain the information supplied by the parents. There should also be a form on which to report to the parents.

It was necessary also to keep two class lists—one for the purposes of the school superintendent, and the other to contain the records of weight and height.

Dr. Janele, School Physician to the City of Prague, presented a paper, written in conjunction with Dr. Moucka. The examination of children in the schools of Prague was conducted on the ordinary lines

of a clinical examination modified to suit school conditions. The various physiological systems were explored by the usual means. The condition of the oral and nasal cavities, of the teeth, of vision, and of hearing to the whispered voice were all registered carefully. The classification of the general health was difficult, and anthropometrical measurements only useful if systematic.

Dr. Thiersch stated that in Leipzig school children were examined systematically at the beginning of the second term after admission. A preliminary examination of sight and hearing was made by the teachers under medical supervision.

A detailed examination was made by the school doctor a little later, and was willingly attended by the parents.

Dr. H. Meredith Richards (M.O.H. and M.O. to the Education Committee, Croydon) said that the system in force at Croydon had ultimately in view the examination of every school child. The medical officer was assisted by health visitors, who attended at the schools and visited the homes to give advice and to obtain information. Procedure in schools dealt with infectious diseases, verminous conditions, ringworm, and routine medical examination. The first routine examination took place when the child entered school, and was usually a superficial examination, except in selected cases. The subsequent routine examination, which was more searching, took place when a child entered a higher school; abnormalities were discovered, and, if treatment was required, the health visitor went to the home and suggested that the child should be under medical treatment, and herself gave advice on matters of domestic hygiene. Special supervision was carried out every six months, and supplementary examinations were held from time to time as to mentally and physically defective children. The medical officer held a conference with the health visitors and superintendents of attendance officers twice a week. The system was adapted to local conditions, and variations would be necessary in order to adapt it to the requirements of countries and of rural and smaller urban districts. As, however, 80 per cent. of the school children lived in towns, the problem was mainly an urban one.

Dr. A. Greenwood (M.O.H. Blackburn) narrated the beginning of medical inspection in Blackburn schools, and expressed the opinion that the school doctor must be well versed in the physiology and psychology of educational methods, the relations between medicine and child study, and fully alive to the problems which arose in connection with mental deficiency, defective eyesight, etc.

Dr. Cesar Roux (Medical Inspector of the Schools of Nice) described the system of medical inspection of the children in the communal schools of that city instituted in October, 1905.

Another discussion on a closely-related subject was that on the co-operation of teacher and doctor in education. Dr. John A. Hayward, Medical Officer to the Wimbledon Education Authority, said that school inspection could only be satisfactory when doctor, teachers, and nurse worked harmoniously towards the same object—the well-being of the children. Work should be so mapped out that each had a definite share of responsibility. Lectures on school hygiene should form a part of every teacher's education. The nurse should visit the homes, and so get into kindly relations with the parents of school children.

Dr. Duncan Forbes, M.O.H., gave an account of the system in Cambridge, where a school nurse was appointed in October, 1906, at a salary of £95 a year. The teachers were provided with printed instructions as to symptoms, etc., and supplied lists of cases of known or suspected infectious diseases.

Dr. Marion Hunter, Medical Officer, L.C.C. (Education), said that organized medical inspection should be compulsory and universal, and the medical inspector should never take anything for granted, but should see all, and test all. Mothers were educated through medical inspection of infant schools, and many conditions were at that age in a remediable stage, notably tuberculous disease of bones.

Mme. Geste (Caudebec) discussed the proper organization of infants' schools.

Discussions took place on the question of the medical treatment of children at school by the Education Authority; some divergence of opinion prevailed, but most speakers thought clearly that the function of the Authority should cease when the defects of children had been discovered and pointed out to the parents.

An instructive paper was read by Dr. Adolph Bronner (Bradford) on the causes and prevention of blindness in children.

Schools and Health.

Dr. Hüttl (Prague) made some remarks on the influence of schools in impairing the health of children. Defective vision and spinal curvature were frequent results of school life. A badly constructed and furnished school really imperilled the health of the pupils in it. School doctors should have the power to compel the removal of any condition likely to injure the children. Nervous manifestations, due to overwork, were common in the higher classes, and on entering school any abnormality in a child should be noted by the doctor. All school rooms should be warm, airy, suitably furnished, and above all absolutely clean. With due care to avoid strain of body and mind, school life would then benefit a child in all respects.

Several papers were read on the control of Measles in schools; exclusion of contacts and the closure of classes or schools were discussed; the conclusion which was inevitably formed from the whole discussion was—that unfortunately this disease had shown itself little amenable to measures of control; it appeared clear that if children were not allowed to go to school until five, the age at which they contracted Measles would be deferred, and that the mortality from the disease would be diminished.

Teaching of Hygiene.

Mr. Marshall Jackman, a member of the Consultative Committee of the Board of Education, declared that the extremists, by endeavouring to teach hygiene as a separate subject, and especially as a compulsory one, in the elementary school curriculum would not help to educate children and look after their health. Hygiene should be taught incidentally, occasionally, and as fitting opportunity offered in the ordinary routine of lessons. This could be done in almost every lesson and at every hour of the day. Hygiene should be taught practically to all children, young or old. If taught according to a syllabus—some of those suggested seemed to him absurd—it would, except occasionally, mean instruction, but not education in the subject. He believed that the inclusion in this year's code of the teaching of hygiene in connection with physical training was a great mistake, and would tend to the lessening of the time given to physical training without any compensating advantage in the teaching of practical hygiene.

The Floor as the Principal Factor in Contagious Diseases in Schools.

A paper on this subject was contributed by Dr. Bernheim.

After insisting on the importance from a sanitary point of view of all parts of the structure of a school building, Dr. Bernheim declared that hygienically the floor was the most important thing of all. In proportion as it was of homogeneous structure, and easily cleaned and repaired, so was the health of the establishment good. The worse the condition of the floor of a class room, the more sickness there was among the pupils. Dr. Bernheim had examined the dust from well-worn floorings in old buildings, and he had found in it many virulent bacteria. He strongly recommended certain floor materials, having a basis of asbestos, as cheap, durable, and easy of application.

Should Children attend School before the School Age?

In the seventh section there was a crowded attendance on August 8th to hear Dr. Newsholme's (Brighton) paper on the Limit of Age for School Attendance. Professor W. Osler was in the chair, and many members showed great eagerness to speak; indeed, very warm feeling was manifested. Dr. Newsholme's object was to denounce the growing

habit of sending children to the elementary schools before the school age; he urged that no child should be admitted who was not five years old. In 1904-05 elementary education in England and Wales cost £18,398,616, or 72s. 10d. per scholar, and he estimated that of this sum £1,749,711 were spent on children who were only three to five years old. They overcrowded the schools, contracted and spread infectious diseases, and did not lead natural lives. The speaker quoted the result of tests made of the atmosphere in such schools and in the poor homes from where the children came, showing that the school was worse than the home. There were, however, exceptional children, notably those whose mothers went out to work, for whom it was a benefit to be at school before the age of five years, but these scarcely amounted to more than 10 per cent. of the total attending school before the age of five years, and for such cases crèches should be provided.

Dr. A. H. Hogarth (London) read a paper in the contrary sense. The age from three to five years was as important as any other period. The remedy to existing grievances was not the exclusion of children at that age, but the improvement of the infant schools or class rooms. They must select teachers possessing special aptitudes for dealing with these very young children; the surrounding sanitation had to be improved and the curriculum better adapted to their age. Two objections to the presence of such young children might be made on medical grounds. First, that it produced an increase in measles. On the other hand, the school was the means of teaching the parents the importance of this malady, and at school a better watch was kept for the after effects, which were the most dangerous aspect of this disease. If there were more cases of measles there was no evidence to show that there was an increase of mortality from measles resulting from early attendance at school. The cases cited to demonstrate that the air in schools was more unwholesome than in the homes were old, and only proved the obvious fact that there was room for better sanitation. It had been said that before five years the children derived no educational advantages, but what did this mean? Dr. Hogarth did not think that such children should be taught to write and read, but to play in such a manner as to help the development of their muscles. Our methods were faulty because they were repressive and kept children hours without laughter. The children must be taught to laugh, to shout, to scrub, to put things in order, and all kinds of manual efforts that interest and create exercise.

Mr. R. C. Elmslie (London) said that tuberculosis of the bones and joints was often noticed between the ages of four and six years, and if treated thus early serious deformities could be prevented. The same might be said of rickets, some forms of paralysis, and so on. They had more to do than to educate: they had to detect and to prevent.

Dr. H. Franklin Parsons (London) pointed out that in many schools younger children accompanied their elder brothers; they were not entered on the school books, but they occupied the school floor and helped to vitiate the air. He was in favour of keeping the children under the school age, not out of ideal schools, but out of the schools such as they exist. They were far better off in a fairly well-regulated home. They should be careful not to lower the fundamental instinct animating all warm-blooded animals, that of keeping the offspring by the mother during the earlier years of life. Nor was it generally the case that mothers sent these very young children to school because they had to work; as often as not it was merely because the absence of the children gave the mothers more time to gossip over the garden wall.

Mrs. Kirk rose to speak from the teacher's point of view. At first she thought children should remain at home till the age of five years, but she would be puzzled how to manage a school were it not for these very young children. She was able to train them, and their example, when they grew up, kept the class of older children in order. It was not the poor that behaved so badly, but all classes. Then these very young children from very poor homes were made to keep themselves clean and to take exercise, and the mothers were invited to the school in the evening and received much educational advice. Then these very young children were not kept in badly ventilated class-rooms but in play-yards and in the open air. They had many toys, were taught to build and play, and as for measles the speaker found cases were much more frequent after than before the holidays.

Mr. Mundella said that for 50 years the schools had been open to these young children, and he doubted if it would be legal to exclude them now. The expense had been exaggerated. The crèche or infant school should be under the same roof or close by the general school, and under the same authority.

Dr. R. H. Cowley (Bradford) was strongly for the principle that children should be at home. There was a danger that children were over-stimulated. It was a slur to our civilization that there should be so many homes unfit for children to live in. But there were also many schools utterly unsuitable, and much money would have to be expended in rebuilding them.

Mr. Percival Sharp thought both sides in the discussion were right; the difference was due to the starting point. The old-fashioned infant schools with the "baby galleries" were an abomination, but children would be better at a model school than at home. Economic conditions were changing; we could not consider the extra expense but only the extra advantages.

Dr. Cuntz expressed his great surprise at the whole discussion. In Germany the law was emphatic. No child could be admitted at school before the age of six years, and if at all delicate he might remain at home till the age of seven. But then there were no such awful homes in Germany as had just been described by the previous speakers. Widowed mothers and others in poor circumstances were widely supported; there was no such degrading distress as seemed to prevail in England.

Mr. H. B. Brackenbury (Hornsey) said that in his district there was no dense mass of poverty, and they did not admit children in the school under the age of five years. This helped to postpone measles till that age, which greatly reduced the danger of that disease.

Lady O'Hagan insisted on the great difference between infant and ordinary schools. No general rule was possible. There must be variety. When the "knocker-up" came at four or five in the morning, the breakfast the mother provided at that hour was a horrid affair, and when she came home she was often too tired to give more than bread-and-butter for dinner. Certainly the children of such a home were better off in a well-appointed infant school.

Dr. Cronin (New York) explained that in the States the law had been amended within the last three years, and no child under the age of six years was admitted in the schools. He had then to prove his age, and this law had helped to secure a more punctual registration of births.

Mr. Abel (Nottingham) thought that children should remain at home till the school age; but the higher they rose in the animal scale the less instinct ruled, and the more was the organized State called upon to fulfil the part of the mother.

Dr. Newsholme then replied, pointing out the inconsistencies of his critics. Thus, they had been told that infant schools were to be recommended as good sleeping places; others said that the infants learnt no bad language. In that case they should remain there all day. Others said that it was the best way to discover early disease, or to avoid being run over, or to teach children how to play. But they all knew how to play, and only needed the opportunity. The question was whether the actual school was better than home, and not the ideal school sketched by Dr. Hogarth. Ventilation had not been improved. The real point was whether they were to encourage the employment of women. He thought not. They should mind the children.

The Closure of Schools or the Exclusion of Patients.

On the Thursday morning Dr. C. J. Thomas, Assistant Medical Officer of the London County Council Educational Department, presented a paper on Measles. At Woolwich systematic investigations had

been made in respect to 5,512 children, and it was found that of the children entering the infant schools at the age of three years, no less than 54 per cent. had already suffered from measles. When they left at the age of six years, then 84 per cent. had contracted this disease. After the first case there were generally quite a number of cases some nine to eleven days later. Woolwich also was divided in half; on one side the policy of school closure was carried out rigorously, while in the other half only the patients were excluded. This experiment demonstrated that the most drastic school closure made no difference whatsoever in the number of cases. The only means of hindering the spread of measles was the building of more sanitary, better ventilated, and larger schools, and the employment for the sick of properly trained nurses, who would know how to minimise the danger of infection. A very lengthy discussion followed this paper, and Dr. Sidney Davies, Medical Officer of Health of Woolwich, in a carefully prepared paper, fully confirmed the above views.

Tuberculosis and Schools.

Dr. W. Oldright, Professor of Hygiene at the University of Toronto, read a paper on the Schoolroom as a Factor in the Production of Tuberculosis. According to the Ontario statistics, women teachers were especially susceptible, and the same was noted in the United States. The fact was that in rooms where there were many persons together each person required 3,000 cubic feet of air; and as in practice the air could not be changed more often than about three times in an hour, every person should have 1,000 cubic feet of space. Nothing of the sort existed, and there was not only a lack of air, but chalk dust and all kinds of irritating particles were present in the vitiated air. In some cases the mortality among women teachers from tuberculosis was as high as in the most dangerous trades, such as those of printers and stone-cutters.

Ringworm in Schools.

Dr. Harry G. Critchley (of Croydon) contributed a paper showing that a tenth of the absences from the London schools were caused by ringworm; and Croydon lost £300 a year in education grants in consequence of ringworm. The microsporon Audouini he did not think was amenable to treatment, but the larger spore, the trichophyton megalo-
sporon, could be rapidly and safely cured by the X rays. This had caused a great reduction in the number of pupils at one of the two ringworm schools of the Metropolitan Asylums Board, which was formerly always full.

Diphtheria and Schools.

Dr. Niven, Medical Officer of Health of Manchester, read a paper on Diphtheria in Schools. He discussed the influence of elementary schools in disseminating this disease; he insisted that all contacts with

cases should be excluded until the case had recovered, and should not be re-admitted until they are themselves shown to be free from Diphtheria bacilli. In order to carry out these measures increased medical assistance was required by most Public Health Departments. He did not favour the closure of schools for Diphtheria.

At the final meeting of the Congress the Secretaries of the various sections presented brief reports of the work done, and submitted resolutions which had been passed, and which were now affirmed by the general meeting. The following were the resolutions:—

“That whereas the improvement in the health of, and the hygienic conditions surrounding, school children depends largely upon the intelligent co-operation, the competency, the interest and the faithfulness of teachers and principal in matters of hygienic importance; therefore, be it resolved that all schools having courses for the training of teachers should give instructions in (*a*) personal and school hygiene, and (*b*) the principles and practice of physical training, and that to each of these subjects should be given as much time as to the major subjects in the course.”

“That this Congress is of opinion that the principles and practice of hygiene should form part of the education of every citizen.”

“That this Congress considers that practical and theoretical instruction in personal and school hygiene should form a part of the curriculum of all institutions in which students are trained to become teachers in schools of all grades.”

“That in the opinion of this Congress it is important to secure the proper exclusion of scholars suspected of suffering from, or likely to convey infectious diseases, and that the Board of Education be urged to devise some means by which this can be done without, as at present, involving financial loss to the local Education Authority.

“That in order to make suitable provision for partially deaf children, who could better be taught in special schools, special schools should be provided under the management of properly qualified teachers, such schools in each country to be under special legislation affecting afflicted children.”

“That in the opinion of this Congress it is desirable that all secondary schools, including public schools, should be subjected to inspection on matters relating to hygiene and sanitation, and that a copy of this resolution should be forwarded to the President of the Board of Education praying him to take such steps as he may consider necessary to carry such inspection into effect.”

“Whereas the maintenance and development of the health and vigour of school children is a matter of paramount importance, and whereas experience in all large cities has shown the importance of health

inspection, be it resolved that in every city and town adequate provision should be made both for sanitary inspection of schools and for medical inspection of school children, the latter to include not only inspection for contagious diseases, but also for eyes, ears, teeth, throat, and nose, and of general physical condition."

It was proposed by the Special School Section:—

"That children in special classes for defectives should be medically treated at the public expense." The Chairman put this to the meeting, and on a show of hands it was declared lost. A scrutiny was demanded, and it was decided to take it at the end of the meeting. When the matter again came forward, it was moved and agreed that the question should not be then put. The resolution, therefore, fell to the ground.

An invitation was received from the French delegates for the next Congress to be held in Paris in 1910. This invitation was accepted.

An interesting exhibition of school furniture and appliances relating to school hygiene was held in connection with the Congress.

WEBB FOWLER, M.D.,

Chairman.

E. H. SNELL, M.D.,

Medical Officer.

October 23rd, 1907.

Report on the Fourteenth International Congress of Hygiene and Demography.

To the Sanitary Committee.

This Congress was held in Berlin from September 23rd to 29th, and having attended as your delegate, I am herewith presenting a short report concerning it.

The first International Congress of Hygiene was held fifty-five years ago in Brussels. As far as practicable the Congress meets every three years. I had previously attended the 11th and 13th Congresses, which met in Madrid and Brussels respectively. One of the most obvious advantages of such Congresses is that sanitarians of different nationalities are enabled to examine the methods adopted in other countries; and facilities are afforded for visiting sanitary institutions and works which would not be available to the ordinary tourist.

Over 4,000 members attended the Berlin Congress; practically every civilized country being represented. The language difficulty is, of course, a great one, but this was largely overcome by the previous distribution to all members of an abstract of each paper to be read set out in German, French, and English, and also the issue of a daily "Congressblatt," which not only set forth the subjects to be dealt with each day, but also gave a brief account of what had occurred in each section on the preceding day.

In the sectional work of the Congress considerable attention was devoted to bacteriological questions, many eminent bacteriologists of different nationalities being present. Discussions took place on the causation of Tuberculosis, modern methods of immunisation, the different varieties of Typhoid Bacilli and the Bacillus of Cerebro-spinal Fever. Papers were also read on the disease-producing Spirochaetae, the ætiology of Syphilis, and the prevention of Malaria. Also on the control of Typhoid Fever and other infectious diseases.

Professor Nuttall, of Cambridge, and others read papers on Insects as carriers of disease. In the discussion which followed Babinski

called attention to the common house fly as a carrier of disease. Galli suggested that the Section should recommend that experiments should be performed to determine how wards and post-mortem rooms could be best freed from flies; and, further, that the subject of the methods of extermination of flies and other insects should be discussed at the next Congress.

Three addresses were given to a plenary meeting of the Congress. The first, in French, by Professor Chantemesse, of Paris, on the Serum-therapy of Typhoid Fever; the second by Professor Haldane, of Oxford, in English, on the effects of abnormal atmospheric pressure and temperature on the human subject; as Professor Haldane has given much attention to this subject the paper forms a valuable addition to our knowledge of Compressed Air Illnesses. The third address was given in German by Professor Schattenfroh, of Vienna, on the hygienic care of water supplies; he discussed the methods of chemical and bacteriological examinations of drinking water, and urged the constitution of an International Commission to formulate standard methods.

A paper was read by Mr. Aldridge, the Secretary of the National Housing Reform Council. The Conclusions of this paper were as follows:—

1. The houses should—except in special cases—be provided on cheap land at the outskirts, and not on the dear land at the centre.
2. The provision of these houses should be undertaken by private enterprise, by private philanthropy, and by municipal action. The rents charged should be sufficient to cover interest and sinking fund charges, rates and repairs, etc. Each form of effort should have encouragement so long as no loss to the ratepayers is incurred.
3. The type of house erected should be inexpensive, in order that the rent charged should be within the means of the tenant.
4. The problem of traction should be dealt with as an integral part of the housing question, and, if necessary, provision should be made for special tramcars and trains to accommodate night workers, as in the case of London.
5. Special vigilance should be exercised in matters of inspection. To take people from an insanitary area and rehouse them under better conditions will alone be insufficient. The strong hand of public opinion must be felt, and inspection must definitely prevent the abuse of better conditions.

6. Above all, the problem must be dealt with on commonsense lines. The poorest people are of the same clay as middle class and rich people. The difference is largely one of education. With a poverty-stricken people massed together the strength of evil tendencies is very great. "Divide to conquer" is the best advice which can be given in dealing with the faults of a slum population.

Patience is greatly needed. The habits of generations become inbred, and are not easily placed aside. There is no reason whatever why with wise and economic public administration the standards of life of the people living in our slums should not be raised within two generations.

He gave in an appendix to this paper particulars from the great town already mentioned—Liverpool—which show that it has been possible, even near the centre of a city, to provide cheap dwellings at reasonable rents. The loss to the rates has been slight—not more than $\frac{1}{2}$ d. in the £—and if this burden could be placed on those industries employing the cheap dock and other labour, either in the form of higher wages or a special municipal charge, even this might disappear.

The cost of the clearance of the slums has been heavy, since it is equal to a rate of $1\frac{1}{2}$ d. in the £, and this should disappear with the advent of a strenuous public condemnation.

The hygienic and moral effect of this public action has been proved to the hilt, and housing reformers in Great Britain are unanimous in the opinion that the Liverpool City Council not only deserve warm praise for the splendid work they have accomplished, but that their action should be copied throughout the length and breadth of the land.

Professor Fuchs (Freiburgh) gave statistics to show that though workmen's dwellings were becoming smaller and smaller the rents continued to rise. This he denounced as constituting a social danger which should attract the attention of the entire nation. Speculation in the land of the large German towns had increased of late to an extent which is not realized abroad. Such speculation greatly aggravated the difficulties of the housing problem.

M. Augustin Rey (Paris) made a very clear and concise statement, which coincided with that of the German reporter in blaming land speculation. As the land becomes dearer the houses are built higher, and the unhealthy block or barrack system arises. With cheap land there can be the true home where every family has a house or a cottage to itself. Therefore the community has every interest to withdraw from the market and its speculators as much land as possible. The municipalities consequently must not on any account sell any land which they may possess,

and they must seize every opportunity of buying as much land as possible. By buying up all the cheap land in the outskirts of towns without violence or disturbance the present speculation in land would be checked.

Infantile Mortality.

Official reports and documents, medical evidence, and statistics were brought forward to prove the universally recognized fact that mothers should suckle their own children, and some details were given as to what various Governments and administrations had done to encourage this practice. In Germany, for instance, sick allowance was continued for at least two months after childbirth. At Leipsic a general official tutelage has been created to watch over illegitimate children, and it was urged that the example given by this town should be followed in other places.

Dr. Dietrich (Berlin) stated that infant mortality represented one-third of the total mortality, and urged that the most minute investigations should be made as to all the circumstances, so as to establish what were the principal causes of such mortality. Ignorance and injudicious feeding were to be met by State efforts to instruct mothers, and in this the vaccination officers might help.

Dr. Brennecke (Magdeburg) and Frau Elsbeth Krukenberg (Kreuznach) especially insisted on the point that to secure more intelligent assistance the social position of midwives should be raised, and a better class of women induced to qualify as midwives. Professor H. Fritsch (Bonn) maintained that midwives should act as general instructors in hygiene to the families that required their services.

Medical Inspection of Schools.

The medical control or inspection of schools was treated at length, and Dr. Axel Johannessen described what was done in this respect by the Scandinavian countries. The school medical officers examine the children, but do not attend to them when sick. He thought it a great advantage to unite the poor relief service with that of the medical supervision of schools, as the information gathered in the one field of action supplemented that found in the other.

Over-work in Schools.

In regard to over-pressure, Dr. A. Czerny (Breslau) in his report expressed the conviction that ill-health attributed to over-work was often really due to insufficient ventilation of schoolrooms. Dr. Albert Mathieu (Paris) complained that from the infant school onwards children were compelled to remain still, and that this unnatural immobility had a serious debilitating effect.

Home Work and Sanitation.

Dr. Jungfer, Inspector of Industry, reported on this subject, and drew attention to the great improvements brought about by the German legislation in factories and workshops. There were fewer accidents, and a marked improvement had taken place in the health of the workers. On the other hand, hardly any improvement had been effected in the condition of the home workers; indeed, with the rise in the rents charged in the great centres, the sanitary conditions among the home workers were worse than they used to be. This could only be altered by legislation. Home workers must be inspected as if they worked in factories, and brought under the compulsory system of insurance against accident, sickness, etc.; limitation of the hours of labour should apply equally to home workers. Dr. C. Dose (Dresden), while acknowledging the great benefits that would result in the extension to home workers of the law on compulsory insurance, held that such work required other and special measures. The home worker not only compromises his own health, but also that of the persons who purchase the articles which he produces. Dr. Dose urged that certain kinds of work should not be given out at all unless the home where it is to be done has been inspected and found suitable.

Herr Bielefeldt, director of the Workers' National Insurance of the Hanseatic Cities, reported that by sanatoriums and hospitals and other measures taken, the working capacity of invalided or injured workmen was restored for an average of five years each. The amount in wages earned after recovery, and thus added to the family income of the working class during the last ten years was estimated for the German Empire at £23,550,000. Then out of the reserves of the insurance funds £8,600,000 had been invested in the construction of healthy dwellings for workmen. With healthier homes and less poverty the sanitary evils arising out of home work would become a little less urgent.

One of the most interesting features of the Congress was the exhibition held in connection with it at the Reichstag. It was unanimously voted the best which has ever been held in connection with a Health Congress; and its distinguishing feature was that it was entirely without any trace of advertisement.

Also the facilities which were made for visits to different establishments with guides and volumes of explanatory printed matter were much appreciated.

A numerously attended visit was to the Municipal Slaughter-house. That Berlin, with over two million inhabitants, can manage with one slaughter-house effectually meets the argument sometimes raised against public abattoirs that it is necessary that meat should not be carried any considerable distance to the shops. The slaughter-house of Berlin is necessarily a large one; it was erected in 1878 at a cost of

nearly a million sterling, and covers an area of over 110 acres. Unlike most of the other Continental abattoirs that I have visited, it is mostly built on the private slaughter-house principle, being divided up into sections which are let off to different butchers; the newer portions, however, are built on the more modern public slaughter-hall system; the differences in the possibilities in the matter of cleanliness of the two systems are very marked. The extent of the work done is shown by the fact that in 1905 over 174,400 animals were slaughtered here, the maximum for one day being 14,625. The municipality employ 657 persons to control the meat sent out from the abattoir, and over 240 of these are employed in microscoping sections of meat; in 1905 2,335 whole beasts were condemned as unfit for the market, quite apart from a large number of parts of carcasses. Besides the slaughter-house proper, there is a spacious cattle yard, and a cattle station on the railway, a police slaughter-house, a boiling and sterilizing department, and a cold store.

Your delegate also took the opportunity of visiting the public abattoirs at Dresden, Munich, Nuremberg, and Stuttgart; those at Munich and Nuremberg are of more modern construction than that at Berlin.

The next International Congress of Hygiene is to be held in 1910 at Washington.

E. H. SNELL,

Medical Officer of Health.

November 26th, 1907.

INDEX.

	PAGE		PAGE
Alcoholism	56	Midwives Act	67
Annual Licences	80	Mortuary, Public	66
Anthrax	99	Notification of Births Act	109
A School for Mentally Defective Children	133	Notification of Infectious Disease in	
Attendance of Children under Five ...	133	Schools	142
Bacteriological Diagnosis of Infectious		Nuisances, Inspector's Return ...	115
Disease	59	Obstructive Buildings	75
Bakehouses	97	Offensive Trades	88
Births	13	Old Licensed Slaughter-houses in	
Canal Boats	100	Coventry	81
Cancer	55	Other Causes of Death	56
Cerebro-Spinal Fever	54	Overcrowding	73
Cleanliness of Scholars	131	Parasitic Mange	99
Common Lodging Houses	83	Pauperism	72
Coventry Fairs	104	Pauper Sickness	73
Dairies, Cowsheds, &c.	82	Physical Features of City	6
Death Rate Table	18	Physical Measurements of Children ...	135
Death Rates in Wards	11	Population	9, 12
Deaths	14	Puerperal Fever	41
Deaths, Classification of	29	Rainfall Register	20
Deaths, Extended Classification of ...	146	Rainfall, Local Tables	21, 22
Deaths, Table of	26, 27	Reference to other Departments ...	112
Development of a Health Department	113	Refuse Removal	103
Diphtheria	40	Registered Places	79
Disinfecting Station	65	Sanitary Prosecutions	98
Diseases of Animals Acts	99	Sanitary State of Schools	123
Education Committee, Annual Report	120	Scarlet Fever	36
Epidemic Diarrhœa	35	Scarlet Fever Table	37
Erysipelas	41	Schools	66
Eyesight Defects	128	School Hygiene, Second International	
Extract from the Report of the Select		Congress of	Appendix
Committee of the House of		Seats for Shop Assistants Act ...	98
Commons on Death Certification	57	Second Interim Report of the Royal	
Evolution of an Industrial Town ...	6	Commission on Human and Bovine	
Factory and Workshop Act	90	Tuberculosis	51
Fertilisers and Feeding Stuffs Act ...	90	Seizure of Diseased Meat	80
Food and Drugs	89, 150	Sewage Disposal	104
Food Surrendered from Shops and		Sheep Scab	99
Stores	81	Sheep Dipping (England) Order ...	99
Glanders or Farcy Order	100	Shop Hours Acts	98
Health Visitor	105	Slaughter-houses	79
Homework	95, 97	Slaughtering on Unlicensed Premises	80
Housing of the Working Classes ...	74	Small Pox	38
House Accommodation	76	Smoke Abatement	89
Houses Let in Lodgings	88	Still Births	57
Hygiene and Demography, International		Summary, Miscellaneous	118
Congress of	Appendix	Summary of Inspector's Work ...	117
Infantile Mortality	30, 32	Sunshine	23
Infectious Disease, Table of	28	Swine Fever	99
Infectious Disease, Notifications ...	60	Temperature, Mean	24
Infectious Disease, Table of Mortality	61	Town Planning	79
Infectious Disease in Schools	141	Tuberculosis	41
Inquests	59	Tuberculosis, Deaths from	50
Inspection of District	115	Typhoid Fever	39
Institute of Public Health, Report on		Uncertified Deaths	56
Congress	Appendix	Vaccination	38
Isolation Hospitals	62	Vital Statistics Table	6, 10, 11, 16
Magisterial Proceedings	145	Water Supply	101, 103
Marriages... ..	13	Whooping Cough	41
Measles	36	Workshops	96
Meat Seized from Shops	81	Zymotic Disease	33
Metecorology	19	Zymotic Disease, Table of Deaths ...	34
Meteorological Observations	25		

CITY OF COVENTRY.

DISTRIBUTION OF

CASES OF INFECTIOUS DISEASE

1907.

- = SCARLET FEVER.
- = TYPHOID
- * = DIPHTHERIA.



Scale, 6 Inches to a Mile.

St. Michael Parish

